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EDITED BY J. ADAMS ALLEN, M.D., LL.D.; AND WALTER HAY, M.D.

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Original Communications.

ARTICLE I.—*Water: Free Heat and Water as Remedial Agents.*
By T. CURTIS SMITH, M.D., Middleport, O.

In the March number of the Northwestern Medical and Surgical Journal, published at St. Paul, Minn., is an article from Dr. Z. C. McElroy of Zanesville, O., on the "Therapeutic Effects of Free Heat and Water—Flooding the System with Hot Water."

The title and idea at first seem novel, but the remedy is of greater importance in a certain class of diseases (?) or pathological conditions, than would, without consideration, be supposed.

When we consider that fully four fifths of the earth's composition is water, and that it forms by far the largest portion of the vegetable kingdom from which man is supplied with food either *directly* or *indirectly*,* we may have some conception of its importance in forming a large part of the composition of the human organism.

* Indirectly, *i.e.* the animal food we eat is formed in animals by virtue of their appropriation of vegetable food for their sustenance and growth. We are thus supplied with our most highly organized food.

In the physical organism of the human system, water constitutes, of the blood alone, sixteen-twentieths,* and of the whole system nearly nineteen-twentieths. It is not strange, then, that man and animals die much sooner for the want of water alone than for the want of food.

All the secretions are composed very largely of water, as bile, gastric juice, perspiration, etc., and it is the agent which, holding in solution or mixture, by *transudation*, carries nutriment and remedial agents through the system to every part supplied with the circulating fluids, and also carries from every part, however remote or near, the molecular debris of tissue waste, and poisonous material of whatever kind. These are carried out of the system by the excreting organs, water being their principal (in bulk) ingredient.

Much of the so-called mineral water is purer and freer from mineral constituents than our ordinary well or spring water, but a certain class of patients, small drinkers at home, visit these springs and are benefited, simply because at home they did not use enough of this natural element of their bodies, and their physician, giving the subject no thought, did not advise them to do so, while at the springs they drink largely, and the water filters out of their blood and tissues the retained excess of salts and molecular debris of tissue waste. The system thus freed of the baneful effects produced by poisonous elements remaining, especially decaying animal matter, floating in the blood and fluids through the system in microscopic molecular forms, the patient "feels better," and is better.

A notorious instance of this kind is that of the great reformer, Martin Luther.† "The testimony of experience to the use of water as a remedial agent, is shown in the patronage bestowed from the earliest times upon numerous springs whose saline constituents are even less abundant than those of ordinary drinking water. Pfeffers, historically famous for freeing Martin Luther of his demon-haunted hypochondriasis, is still the resort of the invalid. It is situated in a most gloomy hole: and the copious hot stream that boils out of the rock *is almost chemically pure.*‡ So that

* Carpenter's Physiology, p. 185.

† Chambers' Renewal of Life, pp. 565–6; 2nd Am. ed.

‡ The italics are mine.

really the pure nymph of the fountain, innocent of salt, should have the whole credit. The same may be said of the well-known Gastein and Wildbad, the crowded Baden, imperial Plombières, of the French Aix, and our own long-frequented Buxton; for, practically speaking, the influence of the saline particles they contain must be reckoned for nothing. It is certainly nothing as compared with the effects of moderate doses of water in Dr. Böcker's experiments."

As much may be said of many of the "mineral springs" that have become renowned in this country. The water-cure has been looked upon in this country by regular practitioners with discredit and prejudice, for the reason that it has, for the most part, been practiced by a class of perambulating quacks; but we should not forget that everything that is good, either to promote health or relieve the afflicted, may be appropriated by the Regulars —*patents excepted*—without a just charge of irregularity. We are limited to no set of agents.

"To remove from the systemeffete matters which are toxically noxious to healthy life, nothingdoes this so universally as *water*."*

"As physiologists, we cannot be surprised at the benefit derived from the simple expedient of drinking water *beyond the demands* of thirst, in all diseases of *arrested metamorphosis*. Taken several times a day *between meals*, it is a most efficient remedy." †

Let us then give it the sanction of well-grounded authority and not despise it, as Chambers *did not*, because it is very simple.

The classes of patients benefited by this water treatment, are those suffering from deficient secretion of perspiration, urine, bile, etc., in which we find the skin husky and dry, bowels costive, a feeling of languor, slight headache, which at times becomes very severe, etc., all of them giving evidence of arrested metamorphosis and deficient elimination.

"In cases where there is arrest of metamorphosis without organic change in any of the viscera, I find that the weaker the spring the better for the patient." ‡

* Chambers' Renewal of Life, p. 48.
† Ibid, p. 566.
‡ Chambers.

In the class of cases above named, there is not sufficient fluid taken and absorbed to allow free, rapid and easy motion of molecular forms, and repair is not up to the physiological standard, simply because the wasted or oxidized molecular forms of tissue are not eliminated to give place to those brought within the grasp of the absorbents, *i. e.*, there is not a sufficient vehicle for the oxidized tissue to be carried out, or the nutrient materials to be carried into the tissues of the body. "Water must be in excess of that required in the structure of the tissues, and without which the said materials cannot be absorbed."*

The want of repair, stands as a cause of debility and pathological conditions of an asthenic character; the retention of oxidized—wasted—molecular forms of animal tissue, and some uneliminated salts, cause dry skin, headache, fevers, etc. Sufficient fluid to eliminate these systemic septics will give room for the absorption of nutrient molecular material, furnished by the digestive process. This accomplished, as it often may be by a few very large draughts of water *between meals*, and the physical processes of repair and waste—nutrition and oxidation—become increased in rapidity to a normal velocity, and health attains.

There is no mistake but that the addition of free heat by "flooding the system with hot water" will rapidly increase the velocity of these processes, especially in the interest of waste and afterwards elimination. And I have no doubt, from actual experience, that Dr. McElroy was correct in using this treatment in the class of cases mentioned by him.

"The conclusive experiments of Dr. Böcker and of Dr. Falck, shows the increase of interstitial metamorphosis by this agent (water) to be in close proportion to the quantity taken, within certain bounds; and all who have heard or read of the agreeable sensations experienced by patients during the water cure, cannot doubt its power of removing morbid accumulations of effete matter in the tissues. In this lies its strength; for the demand for new tissue, as expressed in the sensation of hunger, keeps pace exactly with the extent of the metamorphosis. If this demand is rightly supplied, the result must be a complete renewal of the body."†

* Chambers' Renewal, etc., p. 44.

† Chambers, p. 565.

A few cases to clinically illustrate the advantages of this treatment, and I will close.

Mr. J., æt. 30, laborer; bilious temperament, complexion sallow, average height and build, pulse 70, of moderate fullness and force, habits good, skin dry, slightly above natural heat, urine and perspiration rather scant, costive, has constant feeling of dizziness and weight, with pain in the head, the latter often severe, tongue covered with thick yellowish fur, taste bitterish, has a feeling of hebetude all the time.

℞. Mistura creta ʒj. ter die, as a placebo, and directed that he should drink all the water he could *between meals*, and report again in one week. He did so, and expressed himself as feeling better than for months. The treatment was continued for several weeks with good success, all unpleasant symptoms being dissipated. Since that time (two months) he has been in perfect health, and thinks he is so on account of the water cure.

In this case, molecular waste and elimination were retarded. Water increased these processes by constituting a vehicle to carry out oxidized material floating in the fluids, and by causing increase of all the secretions, thus giving better opportunity for healthy metamorphosis.

Mr. J. N., merchant, æt. 28; spare build, nervous temperament, energetic; health generally very good, but subject once a fortnight to severe attacks of nervous headache, during which he suffers intensely with pain; skin hot and dry; always has to leave his store when an attack comes on. Has tried many remedies but found none that relieved the attacks, but many that made them worse Says he can always predict an hour beforehand when the pain will cease, by a feeling in the bowels or bladder, showing that there will soon be an evacuation from one or the other. Ordered him to drink two or three quarts of water as *hot as he could swallow*, as soon as the attack begun. He has done so repeatedly, with immediate relief every time. Thought the remedy such a simple one that at first he was not at all disposed to use it, but uses it every time now.

In my own person I have repeatedly used the remedy as in the above case, for similar reasons and with like results. It always causes free diaphoresis, full and forcible pulse, soon followed

by free micturition, and often an evacuation from the bowels, pain very soon relieved.*

In the above cases, the system tolerated the presence of oxidized animal tissue and retained urates to a certain extent, then by a powerful effort to eliminate them, did so, but always caused great suffering before it was accomplished. The hot water, holding free heat, increased molecular metamorphosis and caused rapid elimination by increasing the velocity of molecular forms governed by the two physical processes—nutrition and oxidation—and thus health is almost immediately restored.

One other case: Mary Jane, colored, æt. 16; fleshy, lymphatic temperament, had been ill two days, pulse 100, skin hot and dry, headache very severe, tongue red at edges and tip, furred, bowels costive, catamenia regular; generally has good health. Ordered three quarts of hot water to be drank in as short a space of time as possible, after which she was to take magnesia sulph. ℥j. On my next call, stated that she had sweat profusely after the hot water was taken, and kidneys had acted freely, and felt much better within an hour after my visit; at second visit was almost well.

The principal ideas of this plan, as I conceive it, are, *first*, to increase the elimination of oxidized tissue that is floating through the system in molecular forms, also the various salts, as the urates, phosphates, etc.; *second*, to increase oxidation or waste of tissue by increasing the velocity of the physical processes of organic life; *third*, by virtue of the increased waste, to cause increase of repair, and thus cause a more rapid renewal of the system, by which alone a perfect state of health can attain.

Water alone is a valuable agent in many cases like the first given, but when acute attacks of "so-called disease" come on, in many instances free heat and water will effect relief without further help. It will *not* cure every malady or every case we meet, but is very good when proper discrimination and use is made of it. It is also cheap and always at hand.

"In the employment of hot water as a therapeutic measure, my mental conceptions include, not only the water, as *the vehicle*, but *free heat* as the potential force in the combination. Heat, I

* In my own case, I can stave off an attack of headache, etc., by free use of water—especially of *hot water*.

take to be the motor power or force of the universe, as it certainly is of organic life on our globe. In a certain number of cases, I find that there are not fluids enough in the body to carry on the molecular work of waste and repair, and that, as a result, people are sick." *

ARTICLE II.—*Statistical Report on Cataract.* By E. L. HOLMES, M.D., Professor of Ophthalmology and Otology in Rush Medical College; Surgeon to the Chicago Charitable Eye and Ear Infirmary. Read at the meeting of the Illinois Medical Society held at Peoria, May, 1871.

The operation for the removal of cataract has engaged the special study of many distinguished ophthalmic surgeons.

The wonderful and sudden change in the condition of the patient after a successful extraction, the difficulties attending its various steps, and the mental efforts required in its proper performance, have tended to attach unusual interest to this operation.

Leaving out of the estimate the statistics of a comparatively few operators in the whole world who have, as specialists, by long practice and an extraordinary repetition of the operation, acquired remarkable skill, we must look upon the extraction of cataract as a very difficult and dangerous operation; an operation which no one, however skillful in general surgery, should undertake without a special previous training. While saying this, I would disclaim all intention of throwing around the operation any mystery or unreal difficulties, which any true mechanic, I might say, with a delicate hand cannot overcome if he will devote himself long and earnestly to the subject.

I am certain the statistics of those who have been several years in practice, and yet operate scarcely more than six times in a twelve-month, would show a very large proportion of unfortunate results. I am impelled to make these remarks because the opinion is prevalent among our populace, and, I regret to say, among a part of our profession, that the removal of cataract is one of the simplest operations.

* McElroy, Northwestern Journal of Med. and Surg., p. 278.

There is no difference of opinion among recognized authorities regarding the great superiority of the operation by extraction to that of couching. In fact, this last has become obsolete, and should be regarded as malpractice. The needle is almost absolutely reserved for infantile or very soft cataracts, especially in young persons. In older persons, even soft cataracts are usually extracted through a linear incision.

The two most important modifications in the operation for extraction are undoubtedly the removal of a portion of the iris, and the substitution, in place of the former flap incision, of a linear incision, a line or two posterior to the apparent union of the cornea and sclerotic—consequently in the sclerotic and conjunctiva; and yet, strictly speaking, the extremities of the incision alone lie in the sclerotic, the central portion lying in the cornea, although in that portion of it covered at its periphery by conjunctiva.

By enlarging the opening through the iris (iridectomy) any necessary introduction of instruments is less liable to injure the iris. The lens is extracted through the iris with much less danger of bruising or stretching it than through the normal pupil. Dilatation of the pupil, by means of atropine, instead of iridectomy, is of little benefit, since contraction almost invariably takes place as soon as the aqueous humor escapes.

The only especial difference in opinion regarding the iridectomy, is upon the question, whether the operation should be performed at the time of the extraction, or some weeks previous to it.

There are somewhat greater difficulties in performing the iridectomy with a large wound in the conjunctiva than in the ordinary manner. The large wound in the sclerotic and iris made at the same time, would seem to increase the danger of inflammation.

The fact that the very few operators who extract a large number of cataracts annually, have a very high proportion of good results by the more speedy method, is not an argument for its adoption by those who operate less frequently.

The advantage derived from the modification in the form, and especially the position of the incision, is certainly great. This form of incision gives the largest opening, with the least possible wound of tissue.

The wound through the sclerotic and vascular conjunctiva heals

more readily than when made through the cornea proper. The wound in the sclerotic is in the same relative condition as a subcutaneous incision in other operations, for the conjunctiva usually heals with great rapidity.

I cannot, in any way, give you a better idea of this incision than you can obtain by inspecting this hollow model of the eye, with the transparent cornea and pupil in their relative size and position.

The curved white line on the true cornea, less than a line within the corneal border, represents the incision in the former flap operation. The other line is external to the cornea proper, and is drawn in such a way that the centre lies very near the periphery of the cornea, while the extremities are each about a quarter of an inch (on the enlarged model) from it.

To those who have seen only the old flap operation, so perfectly bloodless, the operation as above described will appear a barbarous procedure.

I do not wish, at this time, to deliver a lecture upon the modified peripheral extraction. For a full description of the manner in which the lids and globe are controlled, in which the capsule is ruptured, the lens extracted, and the compressive bandage applied, I must refer you to the papers of Græfe, and the various articles which have appeared in our later text books and journals. The monograms of Græfe are classical, and should be most carefully studied by all who would attempt to operate for cataract.

During the past fourteen years I have examined 8,967 patients affected with diseases of the eye. Of this number, 243 were suffering from some abnormal condition of the lens.

The following is a table of the diseases and injuries of the lens, and the operations performed:

DISEASES.

Cataract Incipient,	29
" Hard,	72
" Soft,	26
" Pyramidal,	1
" Congenital,	28
" Traumatic,	32
" Central Layer,	13
Dislocation of Lens into Anterior Chamber,	7
	208

	208
Dislocation of Lens into Vitreous,	4
Dislocation Spontaneous into Anterior Chamber,	2
Dislocation Spontaneous into Vitreous,	4
Capsular Remains,	19
Deposits on Capsule,	4
Foreign Body (steel) in Lens—no Inflammatory Action,	2
	243

OPERATIONS.

Extraction Flap,	7
" " (preliminary iridectomy),	12
Extraction Linear,	9
" " (preliminary iridectomy),	3
Extraction Græfe's Modified Linear,	46
Depression of Lens,	2
Division (cornea),	14
" (sclerotic),	11
Removal of Capsular Remains,	16
	120

Regarding the result of operations performed when I had little experience, I can only refer to the report I presented at the last meeting.

Of the forty-six extractions through the modified linear section, six were total failures, and forty with good results. I may remark, that of the forty successful cases, thirty-two in succession were successful, with scarcely an accident during the operation, or pain after it. Of these favorable cases, two were complicated with adhesions of the iris, two with solution of the vitreous humor, and four with sequelæ of chronic conjunctivitis.

Of the six unfortunate cases, two were complicated with extensive posterior synechia and two with serious sequelæ of conjunctivitis. All these unfavorable results were due to iritis, except one. In a single patient there was a fearful suppurative iridochoroïditis.

Of the accidents which may justly be charged to the operator, and yet are perhaps in some cases unavoidable, I may mention two cases, in which, from the great hardness of the cortical substance, the incision was found too small, and was necessarily enlarged.

In one case, in which I had supposed the cataract was hard, the lens was found to be composed of quite a thick capsule, filled with an opaque fluid, which readily escaped on rupturing the capsule.

In four cases the lens was delivered with the capsule intact.

In one case the conjunctiva was so firmly stretched over the sclerotic that it was impossible to grasp it with the forceps; in two others it was so excessively loose and flaccid, that there was difficulty in preventing a large fold of conjunctiva from being crowded over the cornea. In three operations considerable vitreous was lost, and in five a minute portion.

In thirteen cases there were extensive capsular remains, in four of which I removed a portion of the capsule, subsequently with great improvement of sight; in two, vision would undoubtedly have been greatly increased if the patients had been in circumstances to admit of the operation; in the other seven cases, the membrane was so thin, covering but a part of the pupil, that operative interference seemed scarcely demanded.

I had been so fortunate in the removal of several capsular remains left after the use of the needle by unskillful operators, that I had felt less fear of evil consequences than the nature of the operation really demands. I have removed several by means of the iris-hook, three with the hook aided by a stop-needle, and three through an incision in the sclerotic, as made in Hancock's operation. In only one case did any serious inflammation arise in removing the capsule. In this single case, a young man with congenital opaque lens, had a thick capsular membrane, subsequent to an operation years before with a needle in the hands of a traveling charlatan. I removed it through an opening (Hancock's) in the sclerotic. Severe inflammation arose, finally causing atrophy of the globe.

I may here state that I have never, in but one instance, operated on both eyes at the same sitting.

After numerous trials, I have found that I could hold the globe more steadily with the forceps by seizing the conjunctiva nearer the point where the knife enters the eye, than further from this point, as is usually advised. I prefer this position, especially where the conjunctiva is very loose and movable.

I believe, in cases in which after rupture of the capsule there

is difficulty in causing the lens to advance towards the opening in the globe, there is less real violence in "delivering" the cataract at once, by the cautious use of a suitable hook, than in protracted, though gentle, manipulation. Previous to the appearance of Græfe's paper, I had already, in several cases (preliminary iridectomy) where the cataract did not pass readily into the wound, used a blunt hook, introduced behind the lens, and, as it appeared, with exceedingly gentle force, removed the lens with the most satisfactory results. As I almost invariably give the patient ether, there is less danger of injury by the use of the hook than where an anæsthetic is not given. It should be borne in mind, however, that instruments should be inserted as rarely and as gently as possible within the globe.

In regard to the compressive bandage, which is applied to secure coaptation of the edges of the wound, I must say I have secured a more even and more easily adjusted pressure, by the use of a thin band of linen, somewhat worn, reaching nearly around the head, the interval (posteriorly) being filled with elastic rubber. The pressure produced by this band can be decreased by cutting into the rubber, or increased by taking a few stitches in the linen. In dressing the eye, it can be readily slipped upon the forehead, and as readily readjusted over the compresses.

I have generally extracted by the lower section, because there is ordinarily less difficulty, and because, so far as I can judge by comparison of my cases, and those of other operators in whom the upper section had been made, I have not observed that vision was better than in those in whom the extraction was by the lower section.

Regarding the acuteness of vision in the cases here reported, I cannot present a correct tabular statement, since nearly all the successful cases left my care before the eighteenth day, two before the tenth day, after the operation. They nearly all lived at a distance, and subsequently sent to the optician for a series of lenses from which to make a selection. Three cases, I know, were quite astigmatic; vision was improved by tilting the lens.

I know that several of these patients are able to write and read easily ordinary print; two to sketch accurately fine drawings, and nearly all to support themselves.

ARTICLE III.—*Laceration of Perineum and Rectum.* By ISRAEL B. WASHBURN, M.D., Star City, Indiana.

I was called to see W. H. B., August 24th, 1870. Upon inquiry I learned that in sliding off a hay stack that he had just completed, he struck upon the end of a fork handle. The tines of the pitchfork were set in the ground, and the top of the handle was resting against the stack. The inner part of the right ischiatic protuberance struck upon the end of the handle, his body fell to the right, the handle perforating the skin, and, upon examination, I found it passed through the perineal fascia and lacerating the rectum half an inch or more above the internal sphincter.

I cleansed the wound as well as possible, applied warm water dressings, and gave an opiate astringent to control the action of the bowels. The 26th I found my patient free from pain, and, to use his own expression, very comfortable. On the 28th I ordered an enema of warm soap suds, which produced a free evacuation, the fecal matter passing through the wound. At this time some of the patient's officious friends were clamorous for "another doctor." I consulted Dr. Fitch, of Logansport, who advised me to divide the sphincters and all tissues below the injury. I also consulted Prof. Powell, of Rush Medical College, who advised that the operation be performed. I submitted the advice of Doctors Fitch and Powell to my patient, who is an intelligent young farmer. He chose to "wait and see what nature would do." The wound healed to the size of a goose quill in about eight weeks, and remained in that condition until the February following, when it completely closed up, and is now quite well.

After the first six weeks Mr. B. went to work, and suffered no particular inconvenience from the fistula that remained unhealed so long.

ARTICLE IV.—*Foreign Body in Nose—Failure in Diagnosis—Spontaneous Recovery.* By C. T. FENN, M.D., Chicago, Ill.

November 25, 1870. Anna B., aged two years, had been strangely affected during the previous fortnight. She grew irritable by day and restless by night, often awaking and crying; her breathing was difficult and appeared to be obstructed. She rubbed her nose frequently. Her symptoms gradually got worse. Coryza became marked. The nasal secretion was scanty and sometimes fetid. Her condition during the third week excited alarm. Large vesicular sores broke out on her face. Extensive aphthous patches formed in her mouth. The lips swelled; the salivary glands became unusually active. The nose was enlarged; the nostrils were contracted. A scanty, purulent and excessively fetid discharge came from them.

The treatment was nutrient and detergent, but unavailing. The worst symptoms of coryza continued for many weeks, and were finally tolerated, such very slight alleviation was wrought by time.

The parents were inconsolable. This youngest and fondest of several beautiful children had become an object of pitiable suffering. In their endeavor to find a cause it was presumed to have been vaccination once performed.

The mother had had disease of the shoulder-joint and had undergone resection of the head of the humerus therefor. Several years had elapsed since the operation, and her recovery had been perfect, except as to motion, but the fact was construed to indicate a diathesis. The child was believed to be *scrofulous.*

June 10, 1871. At last all doubts were solved by an occurrence as unexpected as it was satisfactory. The child, while picking her nose, withdrew a plug of woolen cloth. When washed and smoothed, the stuff proved to be green and blue plaid, of which children's dresses are made, and measured three inches long by three-fourths of an inch wide. The green was faded. A week later she relieved herself, by the same method, of another plug, of black silk, equally large, from the opposite side. The cure followed immediately, seven months after the appearance of the disease.

ARTICLE V.—*Gynecological Clinique. North Chicago Charity Dispensary. Rush Medical College.* Every Thursday. Prof. DE LASKIE MILLER. Reported by C. T. FENN, M.D., Chicago, Ill.

Two flights of stairs to the right of the north entrance to the College lead to the patients' waiting room. Ventilated, light and warm, provided with settees, a sink and a water closet. Adjoining the waiting room are two apartments: one, a small room for the examination of children and such of the women as do not require special treatment; the other, a commodious and beautiful room, furnished with everything essential in the conduct of the Clinique. A low operating table, mattress and pillow occupy the centre, fronted by two large windows, whose light is reflected from all sides by white walls and an oblique ceiling. A sofa, some chairs, a table, a sink, a closet with drawers, and a screen before the door, complete the furniture. Another entrance opposite that from the waiting room opens from the College library room.

Delicacy and kindness are always necessary in the treatment of the indigent; but, the sensibility being often inversely as the refinement, it requires the highest degree of tact to induce all who apply to this department to subserve the interests of medical instruction. While they are received and treated with the deference due to womanhood, they are required to obey the rules. Convenience and efficiency are promoted by pretty strict discipline on the part of medical attendants, patients and visitors.

Every patient who comes is registered by name, age, nativity, residence, occupation, condition as to marriage, number of children, miscarriages, and date of confinements; previous and present complaints; supposed causes; menstruation, regularity, amount, suffering; leucorrhœa, regularity, amount, constancy; pain, regularity, constancy; locomotion; other symptoms, digestive, and physical signs. Examinations of the uterine organs are made by touch, speculum and probe, whenever necessary. The diagnosis and the treatment are recorded at each visit. The other entries are made but once. No routine is followed in the treat-

ment. Anæmic, tuberculous or syphilitic conditions are met by appropriate remedies as often as they are present. Each patient receives a card containing a name and corresponding number.

The management has proved both easy and satisfactory. It is an invariable custom to protect the person. Whenever a patient reclines in the course of an examination the portions of her body liable to exposure are covered with a spread. A thick veil is provided also, which she may draw over her face. With an assurance of strict obedience to this precaution, patients are rarely much affected by the presence of others.

During the hour appointed, students, in classes of ten, are admitted by an assistant in charge of the library door. They are permitted to witness the modes of diagnosis and of treatment, are carefully instructed in what pertains to the case, and then are ushered out the way they entered. An assistant waits on the patients, having them in readiness. A third assistant keeps the books and prepares prescriptions. Another well trained assistant waits on the gynecological attendant.

It is proposed hereafter to report a few cases taken among the patients as they came, without regard to special interest. They will present a fair average of their class. The present effort is to point out the advantages of the Dispensary, and to indicate some features of its management.

The following table shows the number and character of cases admitted from February 24, to July 28, 1870, twenty-three weeks. They have been followed by many more, the average attendance being now over twenty each week.

Number.	Nativity.	Age.	Occupation.	Married or Single.	No. of Children.	No. of Abortions.	Time since last Confinement.	Duration of Sickness.	Date of Admission.	DIAGNOSIS.
1	Ger'y	22	Domestic.	S.	1		18 m		Feb. 24	Vaginitis.
2	Ill.	17	Seamstress.	S.				3 y	" "	Dysmenorrhœa and constipation.
3	Irel'd	29	Housewife.	M.	2		2 y		" "	Vaginitis and metritis.
4	"	36	"	M.	6		10 m	6 m	" "	Metritis and constipation.
5		18		S.					" "	Amenorrhœa and constipation.
6	N. Y.	38	Seamstress.	S.					" "	Chr. metritis and displacement.
7	Irel'd	33	Housewife.	M.	None			8 y	" "	Chr. metritis and retroversion.
8	Eng.	39	"	M.	6	2	12 y	4 y	" "	Cervical endometritis.
9	Irel'd	31	"	M.	None	5	5 y		" "	Vaginitis and metritis.
10	"	38	Nurse.	M.	6	2	5 y	2 y	" "	Menorrhagia.
11	"	28	Domestic.	S.				6 m	Mar. 3	Dysmenorrhœa.
12	"	27	Housewife.	M.	None			9 y	" "	Chr. metritis.
13	Eng.	44	"	M.	9			3 y	" "	Ovarian tumor.
14		13	School.					1 m	" "	Anæmia.
15		45	Housewife.	M.	4	1	4 y		" "	Vaginitis.
16	Irel'd	25	"	M.	3		19 m	1 y	" 10	Ovarian tumor cyst.
17	City.	3						3 y	" "	Chronic meningitis.
18	Penn.	36	Housewife.	M.	2		4 y	6 m	" 17	Endometritis and ulcer.
19	Mass.	23	"	M.	None			2 m	" 24	Engorgement uteri.
20	N. Y.	38	"	M.		2	2 m	2 m	" "	Delayed involution.
21	Scot.	42	"	M.	9		5 y	6 m	" "	Dysmenorrhœa.
22	City.	3 m						3 w	Apr. 7	Ton contrac. lig. nuchæ.
23	Irel'd	33	Housewife.	M.	None			6 y	" "	Chr. metritis.
24	"	25	"	M.	None			18 m	" "	Chr. metritis.
25	N. Y.	11	School.					2 y	" "	Hemorrhage of bowels.
26	Irel'd	35	Housewife.	M.	1		12 y	12 y	" "	Metritis and displacement.
27	Ger'y	59		M.			20 y		" "	Menorrhagia.
28	Irel'd	26	Domestic.	M.		1	4 y	1 y	" "	Metritis and displacement.
29	"	17	"	S.				4 y	" "	Dysmenorrhœa.
31	"	28	Housewife.	M.	5		2 m	2 m	" "	Defective involution.
32	"	40	Domestic.	S.				4 m	" "	Amenorrhœa.
33	"	21		M.					" "	Amenorrhœa.
34	"	26	Housewife.	M.	5		7 m	3 y	" "	Prolapsus of bladder.
35	"	18	Domestic.	S.				3 m	" 14	Anæmia.
36	Swed.	54	Housewife.	M.				1 y	" "	Vaginitis.
37	Irel'd	38	"	M.	3			2 m	" "	Vaginitis.
38	N. Y.	30	"	M.	None			2 y	" "	Endometritis and retroversion.
39	Irel'd	28	"	M.	4		4 m	4 m	" "	Chr. metritis.
40	Eng.	39	"	M.	8	4	10 w	2 y	" "	Menorrhagia.
41	Ger'y	42	"	M.	3		14 y	14 y	" 21	Chr. metritis.
30	Irel'd	45	"	M.	1	2	6 y	8 y	" "	Amenorrhœa.
31	"	40	"	M.	6		4 y	4 y	" 28	Engorgement and prolapsus.
32	"	28	"	M.	2		21 m	3 m	" "	Endometritis.
33	"	28	"	M.	2		2 y	6 m	May 5	Endometritis.
34	City.	2						3 w	" "	Inflammatory diarrhœa.
35	Eng.	14	School.						" "	Dysmenorrhœa.
36	N. Y.	24	Housewife.	M.	1	6	10 m	4 m	" 19	Pregnancy.
37			"	M.	6	2	8 m		" "	Chr. metritis.
38	Irel'd	19	Dressmaker	S.				5 m	" "	Amenorrhœa.
39	"	37	Housewife.	M.	7	2	19 m	7 y	" "	Engorgement & excoriated cervix.
40		4							" "	
41	S. C.	12	School.					11 y	" "	Ichthyosis.
42	Irel'd	44		M.	6		3 y	3 y	" "	Chr. engorgement.
43	"	40		M.	1		12 y	9 y	" "	Chr. metritis and displacement.
44		8	School.						" 26	Pleuritis circumscribed.
45	Irel'd	44	Housewife.	M.	4	2	6 y		" "	Chr. metritis.
46	"	25		M.					" "	Delayed menstruation.
47	"	22	Domestic.	S.				18 m	" "	Dysmenorrhœa.
48	"	50	Housewife.						" "	Chr. metritis.
49	Ca.	28		M.	None			4 y	June 2	Endocervicitis.
50	N. Y.	23	Housewife.	M.	1		4 m	4 m	" "	Defective involution.
51	Irel'd	40	"	M.	7	2	16 m	5 y	" "	Endocervicitis.
52	"	38	"	M.	3	3			" 9	Chr. metritis.
53	"	45	"	M.	2	17	10 d	12 y	" "	Complete prolapsus.

Number.	Nativity.	Age.	Occupation.	Married or Single.	No. of Children.	No. of Abortions.	Time since last Confinement.	Duration of sickness.	Date of Admission.	DIAGNOSIS.
54	Irel'd	45	Housewife.	M.	9			3 y	June 9	Ulceration of cervix.
55	Ger'y				3		3 y	3 y	" 16	Chr. metritis.
56	Irel'd	40	Housewife.	M.	5	3	2 m		" "	Cervicitis.
57				S.					" "	Anæmia.
58	Irel'd	37		M.	None			4 y	" 23	Endocervicitis.
59	"	46	Housewife.	M.	8		3 y	6 y	" 30	
60	"	28		M.	5	1	3 y	1 y	" "	
61	Ger'y	29		M.	3		8 y		" 23	
62	Eng.	15		S.				3 y	" 30	Delayed menstruation.
63		28		M.	1		10 m		" "	Endocervicitis and retroversion.
64	City.	5 m							July 7	Psoriasis capitis.
65	Irel'd	40		M.	3		8 y		" 14	Amenorrhœa.
66		40		M.	5		2 y		" "	
67									" "	Debility.
68	N. Y.	2							" "	Worms.
69	Irel'd	35	Housewife.	M.	2		6 w		" "	Debility.
70	"	30		M.	2		6 y	3 y	" "	Chr. metritis.
71		32	Housewife.	M.	6		3 y	6 y	" "	Enlargement of womb and ulcer.
72		16 m							" 21	Chr. diarrhœa.
73	Eng.	30	Housewife.	M.	2		3 m	16 m	" "	Prolaps. & ulcer uterus & vagina.
74		3							" "	Dysentery.
75	Asia.	26	Housewife	M	1	1	4 m		" "	Endocervicitis and ulcer.
76	Eng.	36		M.	6	2	1 y		" "	Chr. metritis.
77	Irel'd	21							" "	Debility.
78	"	26		M.	1		10 y	2 y	" "	Metritis.
79	Ill.	8	School.						" 28	Pleuritis.
80	Irel'd	11	School.						" "	Quinsy.
—	City.	6 m	Babe.						" "	Herpes solaris.

The substance of this report is taken from Prof. Miller's remarks at the clinic. The arrangement is intended to suggest the nature of the cases, the manner of treatment, and the quality of instruction to be had by attendance upon this Department of the Dispensary.

Oct. 20, 1870. *Endometritis and retroversion.* Mrs. C., aged 30, ruddy and corpulent, rendering the introduction of the speculum difficult. She has been wearing a Hodges pessary a week. It will be allowed to remain. Application within the cervix uteri, by means of a probang, armed with a bit of cotton batting, of the following mixture: Solution of the persulphate of tron; compound solution of iodine and glycerine, of each equal parts; carbolic acid added, five grains to the fluid ounce. Two or three probangs prepared, in order to bring the mixture surely in contact with the living tissue.

Oct. 27. The pessary which she has been wearing a fortnight will be removed and left out a week. The indication is to cure the inflammation. Mechanical supports are never to be kept in without careful observation. They should be removed occasionally and medicine reapplied, for it might be that some spot had become irritable. The amount of inflammation has been lessened by the mixture described. Surgeons might use it with good results, getting the ultimate effect of iodine, the astringent effect of iron, and the peculiar effect of glycerine, which is to diminish engorgement. This patient had been on treatment for a long time before coming here, having run the gauntlet of inflammation, retroversion, and other grave conditions. She despaired of ever being any better; but, since her appearance at the Dispensary, she has greatly improved.

Nov. 3. The womb is found to be patulous, and yet in place. There being no displacement appreciable now, the pessary will be left out.

Nov. 10. She will need treatment for some time to come, but we see improvement from week to week. Ordinarily a case like this will give a physician a patient for two years. There is some inflammation yet. She says she has just had her courses and did not see a drop. All the blood in her body rushed up to her head, as she thinks. We will see her a day or two before she is to be unwell again, and will then apply a glycerine pessary.

Oct 20, 1870. *Inflammation of the vulva and cervix uteri.* Extremely irritable. Miss D. The secretion removed not healthy; the cervix excoriated. Nitrate of silver in solid stick, carried directly to the parts affected. This will arrest superficial inflammation as quickly as anything.

Oct. 27. It requires the greatest care and delicacy to introduce the speculum without pain; the very best that can be done causes a little suffering. Cervix exposed. It requires considerable force to remove the mucus. It is of the character of pus. Signs of inflammation are still remaining on the outside of the neck. Nitrate of silver applied. Many practitioners do not succeed because they disregard the fact that the effect of the first application is merely to coagulate the mucus. As the speculum is withdrawn, coming to the vulva we see considerable inflamma-

tion about the orifice of the urethra. Parts of the vulva are swollen. Nitrate of silver applied here.

Nov. 3. It has been discovered that there is displacement of the uterus, as well as inflammation of the vagina and vulva. We find heat and swelling. The canal is contracted, therefore, and requires more care than usual in inserting the speculum. Probangs soaked in a solution of nitrate of silver brought in contact with the entire surface. An application within the vulva or near it, is attended with more pain.

Nov. 10. A solution of nitrate of silver, forty grains to the ounce, applied to the vulva and to the vagina.

Oct. 20, 1870. *Cervicitis.* Mrs. G. The os uteri is low, quite within the vulva. The neck is hard and elongated. Whenever there is a tendency to bleed, the mixture of iodine, iron and glycerine is best; it causes no pain, and is very efficient in overcoming inflammation. She has had three children and one miscarriage, but no children for the last eight years.

Oct. 20, 1870. *Ulceration.* Mrs. P. It is necessary to our own comfort to make a digital examination to know the direction and the position of the os uteri. If we should find difficulty with the speculum, it would be best to reintroduce it. It might be necessary to use the sound in order to bring the os uteri perfectly and squarely within the speculum. Cotton used to engage the mucus, which was tenacious and yellowish. Solution of nitrate of silver, five scruples to the ounce of water, applied twice; it is better than the solid stick. The second application acts on the living tissues; compared to the treatment of granular ophthalmia.

Dec. 1. Prof. Miller intentionally put the speculum to the surface of the vagina, and called attention to the fact. He next elevated the os uteri by drawing it up with a sound, while the speculum was withdrawn a little, then put forward, to engage the cervix. This is a typical case of ulceration of the os uteri. The inflammation is limited to the neck. It is cervical metritis, involving both the mucous membrane and the other tissues. It is not sufficient to apply the medicine on the outside of the cervix merely; it should be passed within.

Oct. 20, 1870. *Chronic engorgement, inflammation, and the result of inflammation.* Mrs. McM., aged 35. The os uteri is enlarged. There is a sanious discharge, obscuring the os until it is removed. A slight touch will produce blood Here the ulceration is between the lips. These lips are larger than in health, thickened by inflammation. The mixture of iron, iodine and glycerine applied so as to come in contact with the living tissue. Engorgement simply does not give a correct idea of this case; there is inflammation. It requires a little aid from the sound to bring the anterior lip into view; with a speculum the size of that we are using, it could not all be engaged. There is an increase of tissue, not simply an increase of fluid. Ordinarily nitrate of silver would have been used, but one week of this mixture in such cases is better than four weeks of nitrate of silver. It may be applied every five or six days.

Oct. 27. Before introducing a speculum to bring the os uteri into view, we make a digital examination to find that there is a remarkable roughness and hardness of the os uteri, not scirrhous, but the hardness is due to inflammation, and the roughness to loss of tissue. The speculum passed into the vagina, no attempt to engage more than the anterior lip of the os uteri. The condition here is not so much one of ulceration, to the eye, as it was a week ago. We must remove the hardness. The probang, loaded with cotton saturated with the mixture of iodine, iron and glycerine, passed an inch within the cervical canal. The peculiar effect of the mixture is aided by the carbolic acid, which is one of the most efficient local stimulants and anæsthetics; without it there would be smarting and pain. It always happens, in the use of this mixture, that unless it be made to pass into the cervix instantly, it will not go at all.

Oct. 20, 1870. *Amenorrhœa.* Miss R., aged 23. Her periods were interrupted on her voyage from Ireland to America, three months ago. There is no pain; she complains of a sense of fatigue. There is glossitis. Her bowels are tympanitic. Her feet are swollen. Treatment: a mixture of the saturated solution of chlorate of potash, and the tincture of chloride of iron, to be taken three times daily after food.

Oct. 20, 1870. *Infantile atrophic paralysis.* Willy G., aged eighteen months. He has been subject to chronic diarrhœa, an obvious cause of paralysis. He lost the use of one of his arms four weeks ago. It was sudden—in the morning he could creep, but in the evening he was without the power of moving his arm or his hand in the slightest degree. He can move them freely now, but is still unable to creep. The treatment was a simple diarrhœa mixture and cod liver oil. Chlorate of potash and tincture of chloride of iron have been given three times daily as a tonic.

Oct. 20, 1870. *Prolapsus uteri.* Mrs. D. She has been wearing an instrument which is not quite in place to-day. It will be taken out to reinsert. A longer instrument substituted, in order to hold the womb higher. It is an extreme case.

Oct. 20, 1870. *Unilocular ovarian cyst.* Mrs. A., colored. This patient came for diagnosis. There is no need of exposure. The enlargement began over the right ovary, six or eight months ago. There is no irregularity, no hardness. The enlargement is uniform. We do not suspect pregnancy. The speculum reveals a little appearance of uterine difficulty that ought to be treated. The mouth of the womb is quite irregular, one side of the cervix enlarged, the secretion purulent. The sound proves that the abdominal enlargement is not of the womb. A whalebone probang and clean cotton used to apply the mixture of iron, iodine and glycerine to the cervix uteri. There is by this means no danger from the use of pencils that have been employed in the treatment of other diseased patients. By succussion an impulse on one side is communicated to the opposite side. It is fluid—it is not gas. Is it of peritoneal origin? There is no dullness in the iliac region, not so great at least. Dullness is greatest on the top. There is no Bright's disease; no swelled inferior extremities, to indicate obstructed return of the blood. It is a unilocular or ovarian cyst; a Graaphian follicle has become enlarged. Treatment: for the present, diuretics.

Oct. 20, 1870. *Endocervicitis.* Mrs. C. The disease is not likely to cure itself. There is no doubt of the presence of excoriation, for, on removing the mucus, blood starts. The neck of the womb is also enlarged. In this case our favorite specific

application introduced into the canal, has the best effect. The same has been applied to the outside of the cervix also.

Oct. 20, 1870. *Prolapsus uteri and ulceration.* Mrs. D. These very often go together. Here the os is just within the vulva, and it is rough. There is swelling at the orifice of the urethra. The whole vagina is involved in the inflammation. The ulceration has been overcome, but granulation exists. Pass a weak solution of nitrate of silver, to strengthen the parts and to prevent a retrograde. Pass it on to the outside also, for the purpose of producing the peculiar effect of the nitrate externally.

Oct. 27. The cylindrical speculum is preferred on account of haste and the little pain caused by it. The appearance of the cervix before the removal of mucus again exhibited. Cotton by forceps, then by torsion, to entangle the tenacious mucus. Observe the secretion. Inflammation here exists along the canal. The nitrate of silver applied last week caused some hemorrhage. We will apply the mixture of iron, iodine and glycerine to-day. The probang will pass into the cervix nearly an inch, in some cases an inch and a fourth, till it comes to the os internum. Two probangs are required to produce effect. Apply still another outside. A porous plaster ordered to her side, to relieve pain.

Nov. 3. Improving. The roughened cervix looks as though tissue had been lost by inflammation, it is so irregular.

Dec. 1. The cervical neck has a band drawing it to the left side, and front of the pelvis. In removing mucus or blood or whatsoever else it may be, apply force enough to detach it.

Oct. 27, 1870. *Debility.* Mrs. D., aged 38. Complains of cough, and soreness all over, worst especially across the loins. She had not seen her courses for three months, but week before last they returned. She has had seven children; the last, seven years ago. She has been complaining over a year. An ulcer of the cheek communicates with necrosis of bone. She avers that her jaw was broken by a dentist. Treatment: the solution of chlorate of potash and tincture of chloride of iron. Referred to the Surgical Department.

ARTICLE VI. — *Cholera, and its Relation to Pregnancy and Child-Birth.* By CARL PROEGLER, M.D., late Surgeon German Army, Aurora, Ill.

As we may expect the approach of cholera again, it will not be without interest to a good many physicians, who have not had occasion, perhaps, to study that fatal disease, and I will endeavor to give some of my experience. It was during an epidemic in the southern part of Germany (Munich), that I had occasion to make the following observations:

Pregnant women may get cholera in any stage of pregnancy, as the following statement will show. These patients were admitted up to a certain day. (In speaking of month, I mean lunar month.)

Of 36 pregnant women admitted, 5 were in their 10th month; 4 in their 9th; 3 in their 8th; 4 in their 7th; 2 in their 6th; 3 in their 5th; 8 in their 4th; 3 in their 3rd; and 4 in their 2nd.

There is no month with a certain immunity, and no certain predisposition; and the question whether cholera in pregnancy is more fatal than otherwise, will be rather difficult to decide.

Certainly any disease complicated with pregnancy is itself more grave, and certainly we may think that a non-pregnant woman without cholera will sooner get well than a pregnant woman with it. It is certainly very hard to decide at the first glance what grade of infection a cholera patient has; and I remember a good many patients brought to the hospital with nothing else than slight diarrhœa, who would with the utmost care die in collapse. As in other cases, so with patients, pregnant and with cholera, the infection is the only thing decisive for the duration and cure. We lost 21 out of 36—mostly extreme cases.

Cholera in pregnancy is almost similar to that without it. Only the pains experienced by those affected with asphyxia (collapse) along the region of the kidneys seem to be, with pregnant women, more severe. It is rather difficult to decide about the causes of these pains, whether they are seated in the kidney itself, or whether they are only sympathetic pain arising from the rectum. It may be possible that with pregnant women,

pains occur in the state of asphyxia by painful contraction of the uterus, pains across the kidney may simultaneously arise.

Three times I have seen death ensuing with protracted asphyxia; seven pregnant women died with asphyxia of a shorter duration, and eight in the cholera typhoid (collapse). There is nothing abnormal in these deaths compared with cases of non-complicated cholera. Cramps which can be noticed with other non-complicated cases occurred rather frequently with pregnant women, but were probably due to uræmia.

We have seen that pregnancy does not modify the causation of cholera; let us now see how much pregnancy and child-birth will be influenced by cholera.

My diary shows, that cholera not very seldom interrupts pregnancy. Of the twenty-one deaths by cholera, we had eight which died before death of the fœtus.

In the eight cases nature accomplished premature delivery. Of the remaining fifteen, five aborted. Delivery especially comes on more easy in the later months than earlier. Of all the women who were delivered, there were only two in the third month of pregnancy; all the rest were in the seventh, eighth, ninth and tenth lunar months.

Of the other women not delivered and who died, only four had passed the sixth month, and they became in so short a time asphyxiated, died so soon after cholera set in, that nature, if I may say so, had not time to commence the act of delivery. Of all those who did not abort and lived through, none had passed the tenth fifth months.

In accordance with Bouchat and Deasche (see the latter, Epidemic Cholera, page 295.) it was impossible to make exact observations, because we would get the cases where no fœtal life could be traced. I could not discover, like Deasche, first more frequent pains and afterwards gradually wearing away; it was apparent that pains were retarded and pains themselves not strong enough.

Pains commence in pauses of thirty minutes to one hour, lasting only a few seconds, but are of little use, because the woman will hardly, as the common saying is, "bear down"; delivery is, in consequence, delayed more so than generally with multiparas,

where there is no mechanical impediment. There are few exceptions, and I have seen very good pains in two cases. After delivery the uterus contracts well. Only in one case have I seen slight hemorrhage on account of atony of the uterus, which was easily controlled by cold applications and Sec. cornut. in 10 grain doses.

In women who have been delivered by sectio cæsarea, I noticed that the contractility of the uterus after death was not in accordance with the spinal muscles (Wirbelmuskeln).

I noticed on those patients post-mortal contraction of the muscles, especially at the extremities and also at the mm. pectorales, but the uterus, after delivery of child and placenta, was flabby-like. I had no means of using electricity, else I would have tried to compare the muscles of the uterus with the other muscles of the body. The involution of the uterus in the puerperium is a good one, if not complicated with typhoid. Three times I noticed diphtheritis vaginæ resulting in death; only one came to dissection, and in this it was found that diphtheritis was involving the uterus.

We used the same mode of treatment with pregnant women as with other patients. The patients were rubbed with ice, cold applications to the abdomen, and wine and soda water internally; but in slight cases, for preventing abortus, we did not use cold applications as freely.

There are certain indications where an active course on the part of the accoucheur should be pursued. Pregnancy itself, and especially complicated with cholera, is more dangerous than occurring alone, therefore I think the indications are to deliver as speedily as possible. As soon as the head presents and the forceps can be applied, the delivery ought to be made as quick as possible, even if the os is not quite dilated and the head not so high up. I think it safe to have resort to the forceps, especially when the pains are slow and rather weak, and perhaps the state of the mother encourages hope of recovery.

If the pelvis should be too small, craniotomy should be resorted to. I could not notice that the mortality was less with forceps, and I lost two cases where asphyxia passed off in the typhoid state, but I do think, that in such a fearful disease as cholera, every resort is admissible which promises benefit. The mortality

in cholera asphyxia is about 100 per cent. if you let nature bring about delivery. And I do believe it the duty of the accoucheur, if he gets his patients soon enough and fœtal life is not extinct, to try to save both mother and child.

Premature delivery, sectio cæsarea, forced delivery, turning, etc., would be the indication to save mother and child.

For premature delivery the cholera attack does not leave time—the fœtus dies sooner than you can deliver; to try the sectio cæsarea with a pregnant woman with cholera asphyxia, would bring the life of the mother in jeopardy for the questionable life of the fœtus—mortality itself is in cæsarean section almost as fatal as in cholera; forced delivery (forceps) is hardly any better, but should be tried, because in cholera there is everything to gain and nothing to lose; the same I can say with turning.

As noticed before, the prognosis for the fœtus in pregnant cholera women is very unsatisfactory. I have not seen a case where, after asphyxia set in, the fœtus would live. The prognosis is a little more favorable in cases where the mother has gone through a hard attack of cholera without asphyxia.

The nearer the development of fœtal life the less are the chances of its recovery; in the seventh lunar month every fœtus may be considered lost, if delivery has to be accomplished by nature.

Pains invariably cease as soon as purging sets in; but, on the other hand, I found the fœtus yet alive in a beginning state of collapse. The changes of the dead fœtus in utero are the same—it macerates and decomposes. It is very hard to determine whether the liquor amni will diminish during an attack of cholera. As far as I can remember, the quantity was the same in a case of cæsarean section, even greater. The question as to what destroys the fœtus will be equally difficult to answer.

I dissected almost every fœtus which was not decomposed, or saw it dissected. But one post-mortem resembles the other. I shall give here the post-mortem, and each one may form his own opinion. I confess that I first took what I saw for cholera, but now I have changed my opinion, because our greatest pathologists have seen the same, and in children where there was no cholera.

Opening the abdomen you will find the ileum rose-colored,

especially the upper part, the lower part with a greenish hue; the same with the duodenum, which color was still greener. About three and a half inches of the ileum were filled with a colorless, whitish, dead epithelium. The lower part of the ileum with same pale green tenacious mass, getting darker towards the duodenum. In cutting the upper part of the ileum, a watery fluid escaped with some white flocks; the membrane on the upper part rose-colored, the vessels strongly injected; the membrane of the stomach rose-colored, with some streaky ecchymoses. The contents of the stomach contained opaque-colored fluid, intermixed with white stripes.

Strong subpericardial ecchymoses of the heart, especially in the neighborhood of the coronary nerve. Thymus greatly studded with ecchymoses.

Subpleural hemorrhage on the lungs; lungs without air, and the lower parts strongly filled with blood.

In the bronchii nothing resembling vernix caseosa; liver extremely pale and bloodless; spleen, nothing remarkable; kidneys, a strong line of demarcation between the cortical and medullar substance; the first a little yellow, the latter filled with blood of a dark blue red color.

Brain very soft, filled with blood.

Bladder—a small quantity of pale yellow urine.

It cannot be denied that the result is very similar to what we see in cholera dead in the adult, and it explains the view Güterbock took in saying the fœtus dies with cholera.

In conjunction with my article, I will give below a few experiments made with animals, to decide the following questions:

1. Are the dejections of cholera-sick adults poisonous for animals?

2. Can we see the same symptoms as Asiatic cholera in animals?

3. Are the same pathological changes to be seen in animals which are characteristic of cholera?

I used the injections either by rectum or hypodermically, and took the rice-water stools of patients who died in the state of asphyxia, either fresh or about three days old. Some were filtered, and some not.

I injected in a large rabbit about 72 centigrammes, or about 12 grains, of fresh filtered rice-water stool between the skin of the back. The animal seemed to be very dry, and drank about thirty centigrammes, or five grains, of the same fluid. But very soon it refused to take any food. With increasing drowsiness death ensued after eighteen hours, without having had diarrhœa.

Sectio cadaveris showed the ileum very red, the vessels filled with blood, some glands of Peyer, of the size of a bean, some smaller, protruding more than an inch from the mucous membrane and very strongly injected, even showing small hemorrhagias in the follicles. The vessels leading to the glands of Peyer were strongly filled with blood. Solitary follicles not abnormal. The contents of the ileum consisted of a slimy mass of a whitish color; the contents of the duodenum contained soft feces. The heart did not show anything abnormal, neither the lungs; ecchymoses, either subpericardial or subpleural, not present. In the kidneys there was microscopically nothing of pathological interest, but microscopically the epithelium of the tubi uriniferi was found partly fatty degenerated, partly broken down tissue. The bladder was filled with pale urine.

Another rabbit was injected with 7 grains=42 centigrammes of good rice-water stool. The animal was for the next twenty-four hours perfectly well. Twenty-six hours afterwards I injected 70 centigrammes=12 grains in different parts under the skin. The animal died twelve hours afterwards.

Dissection did not reveal anything extra. The contents of the duodenum were fecal; ileum contained bile-colored masses. The stomach was filled with food. The mucous membrane of the ileum was pale, glands perfectly normal, heart, lungs and kidneys perfectly sound.

Another rabbit, who fasted a day, took 60 centigrammes of filtered rice-water stool by the stomach. The animal remained perfectly well. The same fluid injected subcutaneously the next day killed it in about twenty-four hours. Nothing pathological to be found.

I injected under the skin of a dog, 75 centigrammes of one and a half days not filtered rice-water stool. The dog, whom I kept round the house, and who was always pretty lively, became quite changed from the moment of the hypodermic injection.

He did not take any food, was apathetic to all persons, and died in a perfectly comatose state. Before death he vomited; no diarrhœa.

Post mortem three hours afterwards, revealed great rigor mortis, the muscles normally colored, but a little dry; heart, lungs and kidneys perfectly sound. The stomach contained quite a large quantity of whitish froth. The ileum contained bile-colored mucus; the duodenum, fecal matter. The mucous membrane of the whole intestine pale; no glandular enlargement. The color of the blood in the greater veins with this and the other animals very dark. The right ventricle contained always dark coagulated blood.

I was inclined to take the first case for cholera, but after due reflection, I changed my mind, because the glands of Peyer are sometimes in normal relations with rabbits very great, just so with the fatty degeneration of the kidneys. I conclude, therefore—

1. Dejection of cholera will act as poison on animals subcutaneously injected, either fresh, old, filtered or not filtered.
2. The same amount of stools taken by the stomach acts not poisonous, even without a sign of sickness.
3. The death of the animals takes place without our being able to prove the cause of death.
4. The animals do not die with the symptoms of cholera, and to use rather a vague expression, they die with pyæmia.

Home Correspondence.

CHICAGO, AUG. 3, 1871.

Dear Professor:

Your aim is to "elevate the profession" by occasionally "blowing it up," and it seems to me, as well as to many of your readers, that your aim is good and effectual. You and I have jogged along through life together in our great work for over a quarter of a century, and ever since you assumed charge of the JOURNAL have I been an earnest reader of it, and been blown up by you repeatedly. I have been benefited greatly by your effer-

vescent editorials ; but now, as a slight return, will you allow *me* to "elevate" a trifle? Can you submit gracefully? *Nous verrons.*

You love old things—old ways—so do I; you are chary of innovations—so am I. Any one advancing a new-fangled notion must substantiate it or be the butt of your ridicule and mine. Female suffrage and woman doctors are questions that awaken your profane proclivities and silent contempt, and mine, also. Did you notice the arguments on the question of countenancing women doctors, in the late National Medical Association in California? We can hardly withhold our dissent from their conclusions —but it seems to me that the majority of the doctors bubbling over with indignation against the women are narrow-visioned—decidedly rutty. Do we men contain all the wisdom and ability in creation? This question is one of the period and must be decided by us, or else public opinion will decide for us, and thrust the decision down our throats, and laugh at our wrigglings and wry faces. We might much better use the philosophy of the old judge we are told about in the Bible—"If this comes from God, man cannot overthrow it; if *not*, it will die of itself." Opposition will surely develop every atom of strength of every question, on which the public split, and hearty coincidence will usually kill any nonsensical scheme.

But this is not what I started out to say. Why are we so mortally opposed to Homœopathy? What is there in the idea of Similia that makes us bristle up and announce our readiness to masticate some small pill man, when the new doctrine is mentioned in our presence? In ordinary affairs of life we smile at a man who works himself up into a rage over an *imaginary* evil. What is *our* strong argument against small-pillism? *always*, that it is impossible to get results from such small amounts of medicine. From this basis we satisfactorily conclude that all practice of the infinitesimal school is indebted for its success to the curative powers or tendencies of nature. The amount of water required to raise a dilution of medicine to the 30th rank is simply astounding. Mind cannot conceive such a vast sphere of liquid, and when we narrate to our patrons, or any one else seeking information on the point, we are greeted with satisfactory evidence of the pungency of our argument, from our respectful listeners. There are many things that make us think about this subject, and sometimes we

become most amiably savage before we turn our thoughts into another channel. You and I have both of us lost some very estimable families by the new doctrine. At first we chuckled over their prospective chagrin and disgust, and at no distant day certain return to us. Many, very many, *did* return—but the balance *stuck*. When the latter were our patrons, we thought them tolerably clever. Now—ah! well they are deluded, to put it mildly. It has been cheering, also, to note the converse, and see how many patrons who have *always* been favorable to the new doctrine, abandon it and come over to us.

You and I are fast passing into the sere leaf, and new ideas are not going to worry us much. We practice as we think proper, and our medicines yield us good results, and we care not to turn over many more leaves. Yet we acknowledge there are new modes of cure daily coming to light in our school—every shade and variety of opinion on medicines are being put forth, and good results come from them all, and we take note of them with genuine satisfaction. We grow daily: and what more is needed to complete our happiness in our declining days, when we see such great minds in our profession as greet us at every turn, using their utmost endeavors to advance and perfect our science? We abominate fogies, and stand aloof from radicalism; we belong to neither, and are willing to hurt any one who accuses us of being classed with either category. Hence it is we laugh at Prof. P. of Michigan University, for his determination to have every man bled in pneumonia and pleurisy (and at the same time launch forth his annual bull of excommunication against Jno. Hughes Bennett who thinks otherwise), and at another professor of Theory and Practice who fathers the American Med. Assoc., for his prescriptions containing so many and such incompatible remedies, and at the same time hold up our hands in holy horror at the course taken by the Albany Med. College in electing a professor to represent Homœopathic practice! The Leopoldstadt Hospital of Vienna has an Allopathic section and a Homœopathic section. Both schools are nurtured and cared for by the government. The Surgeon General of Bavaria is a Homœopath.

The question naturally comes to us, "Is there anything in Homœopathy worth learning?" Has that school any one remedy or mode of treatment of one disease even superior to ours? If it

has, why not adopt it? A "Regular," in administering a remedy, never inquires "Is this medicine to act by absorption—revulsion—catalysis—mechanically—chemically, or through the influence of the mind on the body?" He gives it because he knows its effects, and is assured it will do what he wants it to do. Take castor oil for instance—it catharticises. *How* does it do that? By its action on the bowels. Precisely; but *what* is that action? Most medicines we know the action of, but *how* they act is no easy matter to explain. Simply because this artistic class of physicians announce with trumpet flourishings, that all diseases must be cured on the "Similia" principle, do we thrust their teachings from us and listen to none of their precepts. If they have ever so many grains of truth we deprive ourselves of them simply because they come from this source. Is that wisdom? Perhaps some junior practitioner, having read this article thus far, is thoroughly disgusted with it, considers the writer a doting old ass for consenting to even talk about such elegant nonsense as Homœopathy. It makes me smile to think even that; yet you and I know that such a young man has much to unlearn and much to learn. We know that at first sight it would seem to be an easy matter to settle beyond a doubt the efficacy of medicines. Hence, so many young men, starting out every year, confident of their medicines accomplishing precise results foreknown, soon come to grief, by being lost in their "doubting stage." They soon learn, that although diseases follow such and such courses after administering certain remedies, it, unfortunately, becomes one of the most difficult problems in practical medicine, to appreciate correctly the value of any plan of medication. You and I have done some very good service with small doses of calomel and ipecac. With the former we *check* a bilious diarrhœa—and with the latter we *check* obstinate vomiting. Yet every one knows that large doses of calomel will produce bilious diarrhœa, and large doses of ipecac will produce vomiting. That is good Homœopathy, too—such cures. *How* do those remedies act? Ringer's new Materia Medica gives many properties of different drugs—*e. g.*, camphor, ipecac, aconite, arsenic, iron, etc.,—which hitherto have been found only in works on Homœopathy. If our principles of medication and treatment of disease are *good*, why are we continually changing? Every work on Practice and Materia Medica exhibits the want of

fixed, stable principles in our therapeutics. Twenty-five years ago we gave large doses of everything, including even calomel—and bleeding was extraordinarily common—as the scars on your arm and mine will attest. Then we were tinctured with the idea that we must head off or neutralize or kill the disease—"cut short the fever"—and to-day we are laboring in the majority of cases, as in labor, to conduct them safely to the end.

In books and lectures nowadays we are taught that we are *physicians*,—not "regulars," "allopathic," "old school," or any other kind, but simply physicians. We recognize no distinctions—we want no adjections to qualify us—no prefixes. We propose to use *every*thing and *any*thing to cure diseases, be it medicines, condensed or rarified air, heat, cold, water, electricity, health lift, or anything else; but when we come to cure diarrhœa with camphor in drop doses repeated often, or croup with bryonia and aconite in frequent installments, we are at once becoming quackish, solely because the homœopathic school uses it. What do we care for the "homœopathicity" of camphor or bryonia or any medicine so long as it serves our end and furnishes us with a uniform remedy? What we want is truth, and using such a remedy cannot weaken us, nor does it entail our sanctioning such nonsensical ideas as the 30th of pulsatilla turning the fœtus in utero. My attention has been called frequently of late years to this subject by a brother and sister who use homœopathic treatment in their families. Having been candid with myself, and convinced that small pills have *accomplished cures* in their households, I am not talking blindly, but know whereof I affirm. I have seen cholera infantum checked successfully by this system of medication, and diarrhœas of young nieces and nephews ad infinitum, almost, cured by the same method. If Homœopathy does good in families, it is almost invariably accompanied by one reprehensible bad habit, viz: the incessant inclination to magnify every trifling "symptom," and pour down the pellets and powders. In every well regulated "homœopathic" family of—say three or four children, hardly a day, never a week, passes without a resort to superfluous medicine. Four-year-old Charlie, a delicate boy, plays pretty hard all day, and at the supper table finds he is too tired to eat, and perhaps has a trifling fever in addition. Here we have two grave "symptoms." Mamma looks very wise, papa

interested, and directly down goes a dose of aconite or belladonna, to be followed by another in thirty minutes. Charlie is put to bed and anxiously watched over; faces are solemn enough and surmises dreadful. Sonny is surely going to have typhoid fever, chicken pox, or scarlet fever. A good night's rest finds the patient rested, hungry, bright, and ready for another day's romping. Friends are duly informed of the wonderfully mysterious powers of potencies and pellets in arresting typhoid fevers and scarlatina, and up goes the united chorus from all, "Great is Homœopathy!"

Putting aside all foibles and evil tendencies of this peculiar school, why is it not incumbent on us to sift the wheat from the chaff and grind it for our own benefit? Homœopathy's worst enemies are its own advocates. The chief reason of its unpopularity with the scientific world at large, is the extravagant and outrageous claims put forth by its adherents, too large a proportion of whom are scarcely fit to act as a doctor's coachman. Occasionally we meet with an educated doctor of this school who is *posted* in medicine and its allied sciences, who reads our journal and his, who, to secure *ends* uses *means*, whether condensed or attenuated, large or small, quarter grain doses of morphia, fifteen-grain doses of chloral or the thirtieth of belladonna to procure sleep if necessary, yet he adheres to the Similia doctrine in most points, claiming that Homœopathy is undeveloped, and that at some day he can get along without resorting to large doses! Most doctors of this ilk, he affirms, are like a man journeying to a far country, by rail and coach, determined to use rail only, and when a gap of the former communication occurs refuses to use the latter; whereas he uses both means, comforting himself with the assurance that some day all will be a uniform means of transit.

Now then, sir, cannot you, as a teacher of young doctors, and Doctor Ingals, do great service to the profession by encouraging young men to pick up all good points connected with Homœopathy and adopt them, so far as they are sure and efficatious? Drop-doses of tincture of aconite given hourly "break up a cold;" vapor bath will do the same; Turkish bath will do the same; acetate of potash, spirits nitre, serpentaria, an hour or two of violent exercise, a bottle of citrate of magnesia, sometimes a full opiate at bedtime, or larger draughts of water at night, will all accomplish the same end. Do you, in your annual course

of lectures, advocate confining treatment of a given disease to any *one* line of medication? Certainly not. Frequently you tell the young men of as many different means of cure of a disease as I have enumerated for a "cold." A young man well balanced is not going to be contaminated, or run off into any special ism, by reading homœopathic books. Isn't it wisdom to encourage free reading of all medical doctrines? Young men turned out of our colleges now-a-days would as soon be found reading a homœopathic book as a Catholic would be found reading a Protestant bible. I have been often greatly amused by brother doctors looking over my library and noticing several standard homœopathic works therein, and expressing astonishment thereat.

The history of our profession records the birth and death of many new doctrines. Each doctrine had its adherents and enemies, who fought, bled and died over it, and it always left the profession, upon its demise, in better "shape" than it found it at birth. Just so Homœopathy has taught us two things:—1. That sick people will recover with small amounts of medicine or without any at all. 2. That we can devise means of administering nauseous compounds devoid of repulsiveness. The first item has almost totally revolutionized our therapeusis, and the second has called forth many ingenious and pleasant means of conveying anything, almost, into the most delicate systems.

If you publish this communication, my dear Professor, I expect a huge return of invective and ridiculous abuse from my veriest friends. Can you afford to put it in your JOURNAL?

Affectionately, Votrè Frere, SENEX.

[The senior editor departs from his usual custom in admitting the above communication, without the guarantee of personal knowledge of the author's name. The advance of medical science, and improvement of medical practice, which our anonymous friend refers to Homœopathy, we refer to the advance of physiological discovery. Homœopathy, at the best, is but one form of morbid anatomy. But morbid anatomy, rightly considered, is one of the most important subordinate studies of the Physiologist. "There is a soul of goodness in things evil."—ED.]

Selections.

On Syphilitic Epilepsy. By REUBEN A. VANCE, M.D., Attending Physician for Diseases of the Nervous System at the Out-Door Department of Bellevue Hospital.

At the present time physicians group together under the general name of epilepsy, conditions as widely unlike as the imperceptible nervous changes induced by the unfelt irritation of a slight peripheral lesion and the grave disorganization produced by a tumor of the brain. With the advance of pathological knowledge we shall doubtless see this nomenclature disappear, and have in its place one more consonant with the present state of our knowledge of the physiology of the nervous system. The symptoms embraced under this name are as discordant as the pathological conditions which produce them. The merest sense of vertigo is as truly epileptic as the most completely developed paroxysm ; and between these two extremes the disease presents almost numberless varieties. Dr. Russell Reynolds insists that the essential elements of the disease are loss or trouble of consciousness and excess of muscular contraction — that the former may be the only one apparent, the latter being limited to over-exertion of the muscular walls of the cerebral vessels.

It is a matter of common observation that symptoms of this nature are developed during the course of many different diseases. The convulsions of infancy, the eclampsia of parturient women, and the spasms and unconsciousness attending the progress of cerebral diseases, are cases in point. The phenomena of epilepsy may in fact be part of the natural history of any or all of the diseases coming within the province of obstetricians, surgeons or physicians, and to this circumstance is due the many different interpretations placed upon this affection accordingly as it is viewed from one or the other of these standpoints. It is more than probable that undue stress is unconsciously placed upon circumstances which have no other relation to the disease than being familiar facts in the particular province of physicians engaged in special practice. One who has much to do with cases of epilepsy cannot but be forcibly reminded of this by the statements of patients or their friends as to the various opinions received from different physicians as to the cause of the disease in a given case. In no class of cases is this fact more apparent than in those where syphilitic infection either really exists or is supposed to exist. Patients who have ever exposed themselves to venereal disease, as well as those who have contracted gonorrhœa, or ulcers upon the genitals, are quite as apt to have their attention drawn to this mode of developing convulsions, and be classed as cases of syphil-

itic epilepsy, as those who give a connected and unmistakable history of constitutional infection.

In the causation of epilepsy, as of other forms of nervous disease, we have the important factor of hereditary predisposition. In his remarks on the theory of epilepsy, Dr. Sieveking says:

"If we apply a lighted taper to a muslin curtain, the boarding of a wooden hut, or solid masonry of a church, the effect will vary with the greater or less inflammability of the different structures. The muslin curtain will speedily take fire and flare away; the planks may be scorched, but will probably not inflame; while the stones will show no traces of the influence of the destructive agent which the first shower will not wash away. In the first two instances there is a possibility of ignition; in the third it is not possible. Mankind vary similarly in their tendency to nervous disorders generally and to epilepsy especially; some are utterly insusceptible to influences that may produce them; others, like the wood and the muslin, are more or less impressionable. But wherever the disease occurs it is essentially the same disease; the same symptoms characterize it; it follows the same course, and, unless checked, leads ultimately to the same results."

A more comprehensive state of the case than these few lines convey, could not be obtained. No one becomes epileptic because he or she is a man or a woman, and has arrived at a certain age, however potent age and sex may be in the causation of this complaint. Such circumstances merely concur to aid a predisposition already inherited. In like manner, injuries of the head, nervous exhaustion however induced, diathetic diseases, and reflected irritations, are, in and of themselves, incompetent to produce epilepsy. Nevertheless, they are all-important factors in determining the advent of attacks in persons so predisposed.

I have here grouped together several cases of epilepsy which agree in but one particular: that of acknowledging for their exciting cause the influence of constitutional syphilis. I have rejected many cases in which, while the effects of treatment would incline one to imagine the influence of specific taint, the history was void of those evidences of constitutional infection, such as are related by the patients whose cases I have inserted here. In the same manner, and for a similar reason, no cases have been deemed truly syphilitic from the mere circumstance that the patient had a venereal sore upon his penis at some preceding time. Nothing but a clear and connected account of a primary lesion, and constitutional symptoms, succeeded by the development of epileptiform convulsions, has been deemed sufficient to justify the classification of any case under the head of syphilitic epilepsy.

Case I. In 1868 this patient contracted the initial lesion of syphilis in Philadelphia, and presented the usual symptoms of constitutional infection—cutaneous eruption and falling of the hair

—during the summer of that year. In October, nocturnal pains and nodes on the tibiæ made their appearance, for the relief of which he underwent mercurial treatment. In the spring of 1869, without any premonitory symptoms, he had a number of epileptiform convulsions in rapid succession; since that time he has been subject to fits which make their appearance about once a week. In August, 1869, moved to New York. January 21, 1870, came under my treatment. At that time there were no evidences of syphilis, and the patient complained of no other symptoms indicating disorder of the nervous system than the weekly recurrence of the convulsions. The ophthalmoscope revealed retinal congestion. The treatment adopted was large doses of the bromide of potassium (15 grains three times a-day, dissolved in a wine-glassful of water); the effects of the drug upon the cerebral circulation being carefully watched with the ophthalmoscope. The fits disappeared for an interval of nearly three months. During the latter part of March, nocturnal pains again appeared; in April, the epileptiform convulsions returned, increased in number and altered in character: the loss of consciousness was not so complete as formerly, and occasionally would be but little affected during a paroxysm. The paroxysms were now exclusively nocturnal, and he would at times have as many as a dozen fits in rapid succession. The bromide was suspended for a few days, and the iodide in 20-grain doses, three times a-day, substituted. At the end of a week they were given conjointly, and so continued for a month. Subsequently, the iodide was administered alone, in doses of 10 grains twice a-day. The last fit occurred about April 25, 1870. At the present time (February 20, 1871), this patient reports that he has had no further trouble.

This patient resolutely denied ever having contracted syphilis until many weeks after the treatment directed against the convulsive disorder had been instituted. The account he then gave was so clear and explicit as to leave no doubt of his having had the disease. Prior to the use of the bromide he had been taking the iodide of potassium, for the purpose, as he expressed it, of curing the rheumatic pains from which he suffered. I was unacquainted with these circumstances until he requested permission to resume the iodide, when, upon questioning closely, he told the whole story. During the latter part of March he was absent from the city for a number of days; no anti-syphilitic remedies were employed until after the convulsions returned in April, when the iodide of potassium was used in the manner above described. When last seen, in February, 1871, this patient not only reported that he had been free from the fits, but that his general health was much better than it had been for years.

It is difficult to form a proper estimate of the causes which operated to produce the convulsive seizures of April, 1870. The

nature and frequency of the attacks, as well as the time of their occurrence, would seem to indicate that they were at least partially due to the excessive use of the bromide; while the simultaneous occurrence of the peculiar pains of syphilis, after a long interval of freedom, shows that at that particular time the specific poison was again becoming active. This patient was also absent from town for a considerable period prior to their recurrence, and my notes of the ophthalmoscopic appearances are defective at the very time when their evidence would be of service.

Case II. A gentleman, 35 years of age, presented himself in August, 1870, suffering from epileptic paroxysms occurring weekly. The attacks presented no unusual character, and there were no other symptoms referable to the nervous system. His father died of paralysis at the age of 58. During the year 1867 contracted venereal disease in New Orleans, and was treated by a prominent surgeon of that city. Constitutional symptoms came on in two or three months, but were promptly dissipated by treatment. In 1868, nodes came on the shin-bones, and he suffered from nocturnal pains. The iodide of potassium relieved these symptoms, and no further trouble was experienced until July, 1869, when the first epileptic fit came on. His business (that of a commercial traveler) rendering it impossible for him to remain long in one place, he was under no regular treatment for nearly a year. During this time the attacks were exclusively diurnal, and recurred at irregular intervals of from one to two weeks. When I first saw him, in August, 1870, there were a number of swellings on the tibiæ, the remains of former periostitis. A small but exceedingly painful node occupied the left mastoid process, and he complained of nocturnal pains in the region of the left supra-orbital nerve. He was still taking the iodide of potassium in doses of 5 grains twice a-day. He was directed to increase the iodide until 20 grains three times a-day were taken, and to take in addition the bromide in doses of 15 grains before each meal. This latter remedy was only continued a month, but the iodide is still being used. No convulsions since September, 1870.

In this case the syphilitic history was equally clear with the preceding one, and the subsidence of the convulsive phenomena directly due to the specific treatment. The bromide may have relieved any temporary condition of cerebral irritation, but it was doubtless due to the iodide that the patient was freed from his epileptiform symptoms. From the very commencement of the administration of the large doses of the latter remedy (of which smaller quantities had been given for a long time without any beneficial result), the nocturnal pains disappeared, the swelling on the mastoid process subsided, and the fits failed to return. It was the evident connection of the specific symptoms with the convulsions that induced me to stop the bromide at such an early date,

and trust to the anti-syphilitic treatment alone. The result has fully justified the action. In January, 1871, this patient exhibited no symptoms of syphilis. He was still taking scruple doses of the iodide.

CASE III. A laboring man, residing in Jersey City, presented himself at the Out-Door Department of Bellevue Hospital, suffering from partial paralysis of the right leg. This was in March. 1870. He was 39 years of age, and stated that when 25 years of age he contracted a venereal sore, which, within a few months. was followed by a pustular cutaneous eruption, sore throat, and inflammation of the eyes. For these complaints he was under treatment fully a year, but was finally discharged, cured, as he imagined. The next difficulty he experienced was a very unsightly swelling of the nose, with a profuse discharge of offensive pus, severe nocturnal pains, and almost complete deafness. This was three years after the primary sore. The physician who treated him for these last symptoms prescribed large doses of the iodide of potassium, with the effect of greatly relieving him. In the year 1860 he came to the United States, and was free from all evidence of the disease, except slight deafness, for four years. In the latter part of 1862, while serving as an army teamster, he observed that the ear most affected was the seat of a peculiar and unusual sensation. Without any premonitions, he would suddenly hear a buzzing noise in that ear (the right one), with a sensation of burning, affecting the whole organ, and a tickling, tingling feeling deep in the meatus. In the beginning, these attacks were so slight as to scarcely attract his attention. As time elapsed, however, they became much more severe. Instead of the subjective noises, with itching and tingling, these attacks manifested themselves by a sudden, loud report in that ear, with momentary vertigo, followed by a great desire to rub that side of his head. The number of these attacks increased, and some were much more severe than others. In some he became dizzy and blind, but still retained consciousness sufficiently to be acutely sensible of the disagreeable feelings in his ear; while in others he could remember nothing beyond the sudden loud report which always preceded an attack—for the ensuing moment he would be unconscious. He still retained his team and attended to his ordinary business until July, 1864, when, after one of these ear-attacks, he had a fully-developed epileptic fit. During this month nocturnal pains also made their appearance, and caused him so much trouble that he resigned his employment, came to New York, and underwent specific treatment. He had about fifteen fits in all, extending over a period of two months. They were always preceded by the peculiar ear-symptoms above described. Treatment promptly dissipated the convulsions, nocturnal pains, and ear-troubles.

The partial paralysis of the right leg was relieved by large

doses of the iodide of potassium (20 grains, three times a-day) conjoined with hypodermic injections of strychnia.

Although the epileptiform symptoms in this case were developed six years ago, and the whole number of attacks was very small, yet I have related the history at some length, owing to the exceptionally clear account given of the manner in which the aura was developed, and the evident relationship between it, the milder forms of the disease which occurred early, the fully developed paroxysm which occurred latter, and those evidences of constitutional infection which were present at all times.

Case IV. A railroad conductor, aged 43, contracted constitutional syphilis in 1864. During the winter of 1866–7 was troubled with painful swellings of the clavicle and bones of the head, with diffused pains in his limbs, worse at night, for the relief of which he took the iodide of potassium. In December, 1869, had an attack of acute mania, succeeded by external strabismus and slight facial paralysis. His wife remembers that for several months previous to this he had been troubled with fits of dizziness and momentary absence of mind, recurring several times a-day. In March, 1870, epileptic attacks, nocturnal in character, made their appearance; returning at intervals of from four to six weeks, accompanied by daily attacks of the *petit mal.* During the summer he gradually lost power in the lower extremities, and suffered from boring pains in the spine. In November, 1870, was exposed for a length of time to severe cold, and from that time his symptoms increased so much in severity that he was compelled to take to his bed early in December. The epileptic attacks now became diurnal in character, and recurred several times a-day. He emaciated rapidly, and suffered much from insomnia and depression of spirits. Acute atrophy of the pronator and flexor muscles of both forearms also made its appearance, and progressed with great rapidity. On the occasion when I first saw this patient, January 1, 1871, he was almost imbecile; had paralysis of the left side of the face, and of the muscles supplied by the left third cranial nerve; anæsthesia of the forearms and legs, and atrophy of the thenar eminences of both hands and the pronators and flexors of both forearms. The fits were recurring twice a day. The ophthalmoscope revealed intense congestion of the retinal vessels, but no organic changes in the papillæ. Bed-sores had formed on both hips, and the left ankle was the seat of a syphilitic ulcer of long duration. Three large and very painful nodes were discovered on the occipital bone, while clavicles and tibiæ exhibited evidences of old periostitis. This patient was placed upon 10-grain doses of the iodide of potassium, three times a-day. These were persisted in for about a week, and then it was so arranged that the dose could be increased one grain daily. The bromide, in doses of thirty grains, was also administered each evening. These,

in connection with sustaining diet and a proper bed, were all the remedial measures adopted. By the end of January, the dose of the iodide having increased to 30 grains, it was kept at that quantity, and at the present time (February 23) is still being administered.

This patient is still under observation. Since the commencement of treatment, the epileptiform symptoms have disappeared, the mental powers have improved, and the patient so far relieved as to be able to leave his bed. The case is noteworthy as regards the prompt relief of the former. But little efficacy is, I think, to be ascribed to the bromide, for equally good results would doubtless have been obtained from the employment of sufficiently large doses of the iodide alone. It is also to be remembered that, owing to the recent date at which the epileptiform symptoms were developed, a sufficient length of time had not elapsed to allow the system to acquire the epileptic habit.

Case V. In the case of J. C., aged 37, syphilis was contracted in 1853, and proved more or less troublesome for two years. During this time all the symptoms were characteristic of constitutional infection, and he was relieved by specific treatment. In June, 1855, had his first epileptic fit. The paroxysms returned again in 1856, and gradually became more frequent. He was a soldier during the Rebellion, and although his fits came on about once a month, he found no difficulty in performing all his duties. In December, 1869, when I first saw him, the fits were manifesting themselves two or three times a-week, and recurred indifferently by day or night. At this time he was also suffering from necrosis of the right tibia. The ophthalmoscopic appearances indicated hyperæmia of the disk and retina. There were traces of old iritis in the left eye.

I have already called attention to this case in an article which appeared in the *New York Medical Journal* for February, 1871, as an illustration of the value of the ophthalmoscope in the treatment of cases of epilepsy. This was clearly shown in the treatment of this patient. As is above stated, the ophthalmoscopic appearances indicated cerebral hyperæmia, and in pursuance of the plan I commonly adopt in cases exhibiting these appearances, I prescribed the bromide of potassium in doses of 15 grains, three times a-day, and directed the patient to report twice a-week for examination. In neither of these respects were my directions complied with. He passed from under my observation for nearly three weeks, and when he came back, it was to report a return of the convulsions. Instead of taking a teaspoonful of the solution ordered (equivalent to 15 grains of the drug), he took twice and thrice that quantity. As a consequence, the paroxysms at once ceased with the relief of the cerebral hyperæmia, but when the physiological effect of the remedy was carried too far, an anæmic

condition was induced, and from this widely opposite anatomical condition the paroxysms returned with greater violence than ever. This case also illustrates the fact that success in the treatment of epilepsy depends much less upon the particular drug prescribed than upon the care and skill employed in regulating the administration of the remedy selected. In the present case, the presence of this anæmic condition was plainly evident from an examination with the ophthalmoscope. To remedy it, a drug was employed which experience has demonstrated to possess the power of increasing the amount of blood circulating through the cerebral blood-vessels—the sulphate of strychnia. This was administered in the form of a solution (2 grains to an ounce of water), in doses of ten drops, three times a-day; and very soon after its administration was commenced, the convulsions again disappeared. The patient was carefully watched from that time forward, and the bromide of potassium or sulphate of strychnia were used just as they were indicated by the varying condition of the blood-supply of the brain. His last fit occured in January, 1870.

In the above case we have an illustration of the fact that epilepsy, primarly developed by syphilis, may continue and grow worse from the influence of habit alone. It is true that this patient was suffering from necrosis at the time he came under my observation, and it is probable that the specific taint may have been instrumental in its development; yet the fact that the epilepsy was so affected by remedies, none of which were anti-syphilitic, as to produce a supension of the paroxysms for fifteen months, is strong evidence that no active influence was exerted by the syphilitic poison. Had the latter been present in an active form, no such results could have been obtained by the treatment adopted.

Case VI. R. O'G., a laborer, native of Ireland, aged 43 years, contracted syphilis in August, 1870, and had a copper-colored eruption, alopecia, sore throat, and double vision within ten weeks. Subsequently he suffered from nocturnal pains in his limbs and nodes on the tibiæ. In December, 1870, after a brief attack of localized pain in the head, had a convulsive seizure. These fits recurred at the rate of eight or ten a-week. In the intervals between paroxysms complained of double vision and vertigo. Came under treatment January 9, 1871. Was ordered—

℞.—Hydrargyri Bichloridi, - - - - - grs. j.
Potassii Iodidi, - - - - - - ℥ ss.
Aquæ ad., - - - - - - - ℥ iv. M.

Dose, a teaspoonful in a wine-glass of water after each meal. At the same time he was to live generously, and take plenty of out-door exercise. When this patient was last seen he was still taking the above prescription. He reported that no fit had occurred since treatment was commenced, and that the vertigo and diplopia had completely disappeared. Still under observation.

In the preceding cases the interval between the contraction of the primary sore and the supervention of the convulsions varied from five months to eight years. In other examples of syphilitic epilepsy which have come under my observation the discrepancy is equally great. It is probable that the particular time at which, in given cases, epileptiform symptoms are developed is explicable only upon the same hypothesis which it is necessary to resort to in order to account for the development of epilepsy in some, and not in all, cases of syphilis. The "unknown element" which we have to postulate is the variable factor of hereditary predisposition; and the only explanation we can obtain is that in proportion to the strength of the predisposition the patient will have the convulsions occurring early in the course of the syphilitic disease. In other words, the stronger and more efficient the predisposition, the slighter will be the exciting cause necessary to develop the complaint.

The diagnosis of syphilitic epilepsy is as exact and satisfactory in certain cases as it is uncertain and tentative in others. In all cases it rests upon our ability to attain a complete syphilitic history, to discern evidences of the persistence of the disease in the patient under examination, and upon the results of specific treatment. No phenomenon of epilepsy, not connected with the above circumstances, can be considered pathognomonic. Cases in which a syphilitic taint can be excluded, will be found to present all the appearances relied upon by some to show a specific causation. Local paralysis, the rapid succession of attacks with long intervals of freedom, nocturnal paroxysms—in fact, any or all the symptoms occasionally or generally present in syphilitic epilepsy, will be found equally common, not only in cases which present no evidences of specific disease either by history or personal examination, but in individuals who have been subjected to prolonged anti-syphilitic treatment. And further, these same cases will have their unfortunate condition ameliorated, and in some instances be completely cured, by methods of treatment purely anti-epileptic.

The treatment of cases of epilepsy due to syphilitic poisoning depends mainly upon the length of time the patient has been subject to convulsions and the presence of evidence of syphilitic disease. The effects of specific remedies will vary greatly, as regards their power to control the convulsions, with the former circumstance. When the convulsive seizures are of recent date, and but few attacks have occurred, the iodide of potassium, either singly or combined with some form of mercury, will prove sufficient not only to dissipate the syphilitic symptoms, but to cure the epilepsy. If the convulsions have recurred frequently, and been present for a length of time, anti-syphilitic remedies alone will, in the vast majority of cases, prove ineffectual. With such, it is necessary to resort to measures especially adapted to prevent

the recurrence of the paroxysms. The epileptic habit then becomes an important element, and attention must be directed to breaking it up. That provision of the nervous system by which voluntary acts become more and more easy with each repetition, and finally reach that stage in which they can be performed unconsciously, appears also to be in active operation in the same manner, to accustom the system to involuntary and unconscious acts of pathological origin. It is a matter of observation that convulsive seizures, excited by evanescent causes, after a certain amount of repetition, persist apparently from the force of habit long after their original cause has disappeared, and with each recurrence not only become more easily excited, but grow more inveterate. In such cases curative measures must be directed to the eradication of this convulsive tendency—this epileptic habit.

For this reason, the treatment of each individual case of epilepsy becomes a matter for special study. The general health of the patient must be carefully looked after, and if any error of nutrition is present, appropriate remedies must be prescribed. In any case where there is even the faintest reason to suspect the presence of syphilitic taint, it is justifiable to resort to anti-syphilitic remedies, and give the patient the benefit of the doubt. No possible harm can result from a trial of the iodide of potassium, and where there is any difficulty of this nature, the benefit will be at once apparent.

In an article published in the February number of the *New York Medical Journal*, I briefly referred to the value of the ophthalmoscope as a means of determining the immediate cause of the paroxysms in cases of epilepsy accompanied by derangements of the cerebral circulation. I am fully convinced that the persistent and careful observation of the brain-circulation, as revealed by changes in the blood-supply of the retina, not only affords an explanation of many otherwise obscure phenomena of the disease, but affords a ready means of determining the effects of remedies.

In those cases where the evidences of specific disease are doubtful, and no favorable result has been obtained from anti-syphilitic treatment, as also in any case of epilepsy in which we are compelled to resort to measures intended to control the paroxysms simply, the ophthalmoscopic appearances afford rational indications for therapeutical procedure. It is unnecessary to dwell upon the well-known fact that those widely opposite conditions—congestion and anæmia of the brain—are equally competent to produce convulsive phenomena. Physiological experiments have not only demonstrated that fact, but they lead us to infer that those many and widely diverse bodily conditions which induce this disease, do so by altering the quantity and quality of the blood circulating through the brain. There is but one method by which we can determine the condition of the cerebral circulation with any approach to accuracy, and that is by the employment of

the ophthalmoscope. Congestion of the cerebral structures is then known by the presence of evidences of overfulness of the retinal vessels, while the opposite condition of the intra-ocular structures indicates intra-cranial anæmia. These two opposite conditions are distinctive of two classes of epileptics, and afford rational indications for treatment. The one class will be benefited and the other injured by the ordinary plan of administering large doses of bromide of potassium without regard to other circumstances than the fact that the individual has epilepsy.

In regulating measures of treatment calculated to break up the epileptic habit, this plan will prove of great service. While with appropriate constitutional treatment the tissue-changes which primarily induced the disease can be removed, these examinations, by giving information of the state of the cerebral circulation, will enable us to avoid producing any undue effect with our remedies, and so keep the paroxysms in abeyance until a sufficient length of time has elapsed to allow the nervous system to recover its healthy tone. This will of course vary with different cases; but with those in which a specific taint is the exciting cause, I think it can be confidently asserted that, along with constitutional measures, any course of procedure which will keep the paroxysms in abeyance for a year, will eradicate the epileptic tendency. I have yet to meet with a case of epilepsy, of any description, in which the paroxysms have returned after such a course had been adopted for that length of time.

Editor's Book Table.

[Note.—All works reviewed in the columns of the Chicago Medical Journal may be found in the extensive stock of W. B. Keen & Cooke, whose catalogue of Medical Books will be sent to any address upon request.]

A Physician's Counsel to Woman in Health and Disease. By Walter C. Taylor, A.M., M.D., author of "Gynæcological Notes;" "A Physician's Counsel to Man in Health and Disease," etc., etc. Springfield: W. J. Holland & Co. 1871.

The present seems fated to be the age of "femmes savantes," but without its Molière to teach it "Qu'un sot savant est sot plus qu'un sot ignorant." While we unite with the author, and "the most eminent physicians," to whom he alludes in his

preface, in "deploring the ignorance which produces the vast amount of disease amongst women," we must be permitted to express a doubt, as to the value of such modes of correcting the difficulty, as the one which he has devised. "Counsels to women in health and disease by a physician," we most heartily approve, but such counsels would possess much greater value when imparted by the personal medical adviser of the woman, who should frame his counsels upon the individual peculiarities, capacities and necessities of the patient, rather than upon those of the sex at large. Such counsels, we believe, would not only be much more beneficial, but also much less injurious, than when conveyed by wholesale in book form. The latter require, for their consideration and application, a large share of that quality of which sick women generally possess a plentiful lack, i. e., judgment.

Moreover, the greatest want of humanity, in this era of its history, is want of faith, a want which underlies by far the greater portion of the evils which afflict society. A necessary outgrowth of this is a feverish effort at self-government, self-control, self-guidance; and to this morbid spirit of self-sufficiency, all such quasi instructors contribute. The tendency of books such as the volume before us is simply to shake public confidence in the medical profession, by the cultivation of sciolism; and to demoralize society by exposing to the ignorant and pure, a knowledge of human imperfections which should be forever hidden in the memory of the physician and in the consciences of the guilty.

But, while we condemn the publication of such books in general, we must concede that the present volume is evidently conceived in good faith, and written with much care; what is said is all very true, and well expressed, by an author actuated by an honest and earnest desire to benefit humanity. The book, in itself, is as far from objectionable features as any book of its character can be; and if women must be learned, let them by all means read this, rather than that other, bearing as its imprimatur the hoof-print of its satanic instigator.

We have no desire to repress the inquiring mind, in the pursuit of that knowledge which is profitable; but "There is a knowledge which is forbidden because it is dangerous." Remember the apple! Remember Cupid and Pysche; remember Cornelius

Agrippa's library; remember Blue Beard! "Curiosity," says Fuller, "is a kernel of the forbidden fruit, which still sticketh in the throat of a natural man (woman) sometimes to the danger of his choking." If the binder of the book had placed the pages in consecutive order, it would have facilitated the reading of it.

W. H.

On the Cellular Structure of the Red Blood Corpuscle. By JOSEPH G. RICHARDSON, M.D., Microscopist to the Pennsylvania Hospital, Philadelphia, Pa. Reprinted from the Transactions of the Royal Microscopical Society, etc. etc.

This little pamphlet, originally published in the Transactions of the American Medical Association, contains Dr. Richardson's conclusions from his own observations upon red-blood cells, and which differ essentially from those of other eminent observers. Without attempting to enter into the merits of the discussion here, we will say that the author's observations, not only upon this subject but also upon white-blood cells, are well worthy of careful examination by every student of physiology.

We believe Dr. Richardson to be not only a skillful but an honest observer, who constructs his theories upon his observations, and not, like some whom we might name, his observations upon his theories; for to many the cloud will be "like a camel, indeed"—or "backed like a weasel,"—or, indeed, "very like a whale," according as one or the other fits the pet theory. W. H.

A Treatise on Diseases of the Nervous System. By WM. A. HAMMOND, M.D., Professor of Diseases of the Mind and Nervous System, and of Clinical Medicine in the Bellevue Hospital Medical College, Physician-in-chief to the New York State Hospital for Diseases of the Nervous System, etc. New York: D. Appleton & Co.

It sometimes seems strange that authors write prefaces, so frequently are they irrelevant, and apparently having more reference to the form and appearance than to the subject-matter of the work. Dr. Hammond's preface is an exception in this regard, and one is rarely found which so clearly designates the character of the book as his. So that the reader, who wishes a peep in advance, may be sure of no after disappointment in the perusal of the work.

Dr. Hammond has, already, as an original observer, and an accomplished physiologist and psychologist, received such deservedly high commendation from every direction that additional praise would be supererogatory; but upon one point especially does he deserve praise, for his efforts, and successful efforts, to elevate professional literature to a sphere to which it dared scarcely aspire a few years ago. He has been one of the most prominent of the initiators of classical medical literature in America, and the appearance of such scholarly writers, gives good ground for the hope that the day is passing, if not already passed away, when reputations, as authors too, God save the mark! can be built upon published compilations, from standard authors, travestied into language which should shame a school-boy. The present work may, without invidious comparison, be not inappropriately termed the Doctor's "magnum opus,"—and if it has any especially distinctive characteristic, it is, we think, comprehension. Its scope is wide, its classification clear, and its details concise.

Free from useless verbiage, and obscurity, it is evidently the work of a man who knows what he is writing about, and knows how to write about it.

The subject-matter of the work is divided into three principal and two subsidiary chapters, treating respectively of the diseases of the cerebral, spinal and cerebro-spinal systems, of nerve-cells and of peripheral nerves. Prefixed to these, is an introductory chapter, in which are described "the instruments and apparatus employed in the diagnosis and treatment of diseases of the nervous system."

Surgical diseases and injuries are not embraced within the comprehension of the work; nor has the author allowed his diagnostic acumen to be misled by that hobby of routinists, that phase of typhus with secondary meningeal inflammation, ycleped cerebro-spinal-meningitis, which three or four years ago carried off so many victims intellectually as well as physically.

The author's pathological classification is strictly physiological, and the normal point of departure is never lost sight of in the morbid perversion of vital processes.

Is the hope Utopian, which would look to the elimination of this pseudonym (pathology) from medical nomenclature?

The system of classification is simple, and based principally

upon disturbances of the relations of the nervous system and its membranes with the circulatory system, and comprehends in one uniform plan its cerebral and spinal subdivisions more particularly.

The author's views upon cerebro-spinal diseases are characterized by a much more than ordinary degree of clearness, and give promise of a future, pregnant with hope not only for sufferers from, but for students of these hitherto opprobria-medicorum.

Drawn largely from standard authorities, and sources, medical, philosophical and literary, the subject-matter has been re-cast in the author's own mind, and mingled therein with original observations and deductions, the work bears the impress of originality, and is essentially his own.

In reading that portion of the work treating upon perturbations of cerebration, purely, when having reached the boundary of the physical world the author glances into the realm beyond, it is gratifying to perceive that he has to some extent receded from the extremely materialistic standpoint which he formerly occupied.

Thus, while it can scarcely be admitted that "by mind, therefore, we understand a force *developed* by nervous action and especially by the action of the brain"—although it is undoubtedly thus *manifested*, the language is considerably nearer to physiologico-psychological truth than that "the brain secretes mind," (Journal of Psychological Medicine, January, 1869, page 168.) Neither can it be admitted that "Mind is a compound force *evolved* out of the brain," if by *evolved* (p. 330) generated (p. 324) is to be understood, as the context would seem to indicate. There is no mystery involved in the relations of mind, so-called, and brain, to him who boldly takes his stand upon the basis of a-priori facts, *i. e.*, faith, which all must do eventually, however long the chain of intermediate causes may be spun; and no greater *petitio principii* is made by him who assumes the a-priori existence of mind, than by him who admits no greater assumption than protoplasm.

But as the author touches very lightly upon this phase of nervous manifestations, courtesy demands that his reticence be imitated, in the hope that he will voluntarily recede still more thoroughly from his doubtful ground, and boldly, as he once did, reject the delusion of materialism.

In concluding what must, of necessity, be a very superficial review of such a work, perhaps no better advice could be offered to members of the profession interested in kindred subjects, than that which the reviewer has himself acted upon, "Buy it, study it carefully, from title page to index, and lay it aside to be criticised at leisure." W. H.

PAMPHLETS.

The Lens; a Quarterly Journal of Microscopy and the Allied Natural Sciences: with the Transactions of the State Microscopical Society of Illinois. Chicago, July, 1871. Vol. I, No. 1.

PROSPECTUS.

The State Microscopical Society of Illinois proposes to issue on the first of October, next, the first number of a Scientific Journal, to be called THE LENS. While THE LENS will be devoted chiefly to the interests of Microscopical Science, no communication of value, relating to any department of Natural History, will be excluded. Without trespassing on the fields so ably occupied by *Silliman's Journal* and the *American Naturalist*, the only publications of like character in the United States, the pages of THE LENS will contain:

1. Original contributions consisting of papers read before some Scientific Society, or communicated directly to the Journal;
2. Original papers, elaborate or otherwise, illustrative of the *Natural History* of the Mississippi Valley, and the Far West;
3. A comprehensive *resumé* of the latest foreign inquiries, and critical reviews, with brief notices of the latest microscopical publications in this country and Europe;
4. Descriptions of all new forms of Microscopes and Microscopic Apparatus; and
5. Correspondence on matters of Histological controversy.

Contributions requiring illustration will be accompanied by carefully drawn plates, and the text will be printed on good paper in clear and legible type.

THE LENS will be thoroughly scientific, advanced and comprehensive, and will be issued under the auspices, and in the interests of this society. Each number will contain at least 48 pages of reading matter. Terms, $2 per annum, *in advance.*

In view of the fact that there are so few journals published in this country, in these interests, the committee hopes for the strong support, both contributional and financial, of all lovers of Science.

Correspondence relating to the business management of the journal should be addressed to CHARLES ADAMS, Secretary of the publishing committee, 1000 Michigan avenue, Chicago. All other communications to the editor, S. A. BRIGGS, 177 Calumet avenue, Chicago.

E. H. Sargent, Charles Biggs, Charles Adams, Publishing Committee.

Officers of the Society: H. A. Johnson, M D., Pres.; S. A. Briggs, 1st V. Pres.; H. H. Babcock, 2nd V. Pres.; Geo. M. Higginson, Treasurer; O. S. Wescott, Sec; Charles Adams, Cor. Sec.

The above indicates the initiation of a movement in the right direction. We welcome it most cordially, and request for it the

hearty encouragement and co-operation of other professional and scientific journals.

We are glad to see that the Microscopical Society, under its present efficient administration, so fully appreciates the importance of its mission as a public educator, as to desire to extend its sphere of usefulness and draw from other and foreign sources additions to its own stores, with which to feed the cravings of the public appetite for information in natural science. The society, although as yet only in process of crystallization as a scientific organization, has accomplished indirectly much good, by cultivating a taste for microscopic investigation, and although, it may be objected by carping critics, that with most, the instrument is merely a source of amusement, still, we say that even this is a great advance in the direction of intellectual culture and refinement. This constitutes a good beginning, an excellent foundation. Create a demand for intellectual culture and the means will soon be supplied. While it is true that the society appears not to have found favor in the eyes of a certain critic, it should be understood that the large majority of its members claim to be pupils not teachers like himself, and few, perhaps, possess the micrographic dictionary, which deficiencies should procure for them a lenient judgment.

Knowing well the majority of the gentlemen having the direction of the organization, we congratulate the society upon the wisdom of its choice, and feel sure that if the *Lens* should not achieve so great a success as we hope for it, the failure will be due neither to lack of talent, culture nor energy on the part of its managers. W. H.

Plastics and Orthopedics: A Report Republished from the Transactions of the Illinois State Medical Society for 1871. By DAVID PRINCE, M.D. With numerous wood-cut illustrations.

The Rejected Address. Man's True Relation to Nature: His Origin, Character and Destiny. By T. P. WILSON, M.D., Cleveland, Ohio, Editor Ohio Med. and Surg. Reporter. Delivered in Philadelphia, June 6, 1871.

Artificial Induction of Labor in Uræmia. By SAMUEL C. BUSEY, M.D., Physician to the Louise Home, etc., etc., Washington, D. C.

Editorial.

Asiatic Cholera.

Through the columns of some of our late European cotemporaries, we are apprised of the gradual advance of cholera, from Western Russia and Poland—where it appears to have become almost endemic during the last four or five years—through Prussia, from which its spread to England is only the next step, and that a brief one, in its progress, and thence its arrival upon our shores will be a matter of course.

The British Parliament has not considered it beneath its dignity to concert measures for the protection of the people against this dreaded pestilence, and on the 27th ult., the House of Lords commenced in earnest the discussion of these measures. In view of the location of our city as an important depot in the great immigrant route from east to west, and the further fact that it has suffered so often and so fearfully in former years from this scourge, and, moreover, that during the past year nearly every emigrant ship from Germany has reached our shores laden with the virus of small pox, and that nearly every case of that disease which has occurred in the city has been directly traceable to that source, would it not be well for us to wake up from our apathy, and take measures to protect ourselves, before the time when our judgment shall abandon us under the influence of panic?

Meanwhile we would like to ask, what is the Board of Health doing? and fortunately the question is easily answered. They are trying to solve a problem attempted by the Israelites in Egypt three thousand years ago, *i. e.*, making bricks without straw. If, now, the same hope existed, as then, of the advent of a second Moses, under whose leadership they should "spoil the Egyptians," there would be consolation in the hope, but we fear "cum duplicantur lateres, Moses" non "benit."

The Board of Health has borne much undeserved odium, heaped upon it by the secular press, and others, and it would be as well, before adding to its load, to inquire into the causes which underlie its alleged inefficiency.

We have neither the time nor inclination to go into the details of these causes. Those of our readers who are so disposed, can readily do so by consulting the proceedings of the Common

Council. But this we will say, without hesitation and from positive knowledge, that should this city be visited by cholera, or any other pestilence, from a lack of proper preventive and protective measures, the Common Council, and it alone, will be responsible.

Amongst all the charges that have been urged against the Board of Health, political prostitution has never been one, and we honestly believe its skirts to be free from the stain. The Board is not a political organization, and, we believe, cannot be used as such; hence the Common Council fails to perceive its utility, and obstinately and stupidly continues to obstruct its operations by refusing the necessary funds for their conduct. We say obstinately and stupidly, because their refusal is in gross violation, not only of the spirit but also of the letter of the law, under which the Board of Health exists, and this, too, when the expenditures of the Board during the past year have been less than ever before—less, even, than under the old political regime, when the city had one-third of its present population.

In times of public panic from pestilence, citizens look to their physicians for protection, and we call upon the profession at large, and of the city in particular, to sustain the Board of Health in their honest efforts to protect their city against this hydra-headed monster of ignorance and obstinacy, the Common Council. W. H.

Turkish Baths.

Within the last few days, a handbill has been distributed to private residences in the city, advertising the advantages of a bathing establishment, in which handbill, under the heading "Medical Testimony," appears the following "from the *Chicago Medical Journal*":

"The simple action of the Turkish Bath is to *equalize the Circulation, remove Congestion, distribute Nutrition*, restore and keep active all the secretions, whether of the skin, the kidneys, or the liver, and thus eliminate poison from the system.

"And any experienced physician will be able to see how many diseases may be benefited or entirely controlled by such an instrumentality.

"Over and above all, the Turkish Bath *purifies the blood* more directly and thoroughly than any other means the science of medicine has ever before suggested. Perspiration eliminates the water from the blood loaded with the waste and poisonous matter from the system; and by drinking cold water the blood is replenished with wholesome material in exchange. Indeed, this is the most important purpose which perspiration serves. Man perspires because perspiration being the watery portion of the blood, it carries off with it all of the extraneous and poisonous matter; thus removing

all constitutional taints, whether of *Scrofula, Cancer, Syphilis, Tuberculosis, or any blood disease.*"

Now, to say that the endorsement above quoted never appeared in this Journal, would be to give "the lie direct," and we have too much respect for Touchstone's good counsel "to go further than the lie circumstantial." Therefore we say that such a mass of etymological nonsense, physiological ignorance and vulgar quackery could have disgraced its editorial pages only at one period in its history, when, at a date which, as Cervantes says, "no quiero acordarme," there was attached to the editorial staff of this Journal, in a capacity which would probably be designated by his own appropriate patronymic, an individual who seemed, by general consent of the profession, to be deemed qualified for retirement, without rank or pay, and who subsequently, we believe, rose gradually to some sort of laundry business.

We do not propose, just now, to discuss Turkish baths in general, further than to express our regret that, notwithstanding its alleged efficacy for "the removal of all constitutional taints," it should have so evidently failed to remove the taint of mendacity.

As to this particular notice, so far as we can understand it, it is a gross fraud upon the JOURNAL and the public.

We say as far as we can understand it, for we confess ignorance as to what is meant by "distribute nutrition," "restore and keep active secretions," etc. These alleged advantages may or may not be true; they are beyond our comprehension.

If "over and above all, the Turkish bath purifies the blood," it is a great pity that its usefulness might not be extended to the purification of the conscience of the manufacturer of the impertinent handbill above quoted. If Turkish baths will accomplish this, we will give them a hearty *editorial* endorsement. W. H.

Editors of the Journal:

Will you be so kind as to insert the following notice in the JOURNAL?

I believe the society will really establish a Medical Library worthy of Chicago.

The efforts of the committee for the present will be directed to collecting files of journals, proceedings of societies, etc.

The society has secured room in the fire-proof building of the Young Men's Christian Association, the librarian of which will perform all the labors connected with the care of books, etc.

If the JOURNAL will donate to the Library any old copies which may exist in duplicate, it will aid our efforts.

Most truly, E. L. HOLMES,
Chairman of the Committee.

NOTICE.

The members of the Chicago Medical Society are making earnest efforts to found and support a public Medical Library.

They have already secured liberal donations, and most ample and permanent accommodations in the fire-proof library building of the Young Men's Christian Association.

Will members of the profession throughout the Northwest, aid the society in obtaining a complete file of the various medical periodicals of our country, by sending *any* copies of such journals to the library? Old catalogues and announcements of medical colleges, hospital reports, etc., are desired.

Small packages may be sent by mail; large ones may be forwarded by express, "Care of Librarian of the Young Men's Christian Association," who will pay all express charges.

The library is open for all visitors from 9 A. M. till 10 P. M.

LIBRARY COMMITTEE OF THE CHICAGO MED. SOC.

In directing the attention of our readers to the above communication, we, at the same time, cordially urge their co-operation in aiding the accomplishment of this laudable project, than which none may prove more advantageous to the profession at large, and to its younger members especially.

The want of a good library of reference is frequently an unsurmountable obstacle to the progress of many a would-be earnest worker. Few young men in our profession are blessed with the wherewithal to acquire this indispensable aid to study, and when the means for its acquisition are attained, too often professional ambition is lost, and he who might have become a brilliant ornament to his profession, has degenerated into a mere routinist, or possibly even a real estate operator.

Few are aware of the sort of material out of which a good working library can be constructed. Vast endowments, elegant book cases, and costly volumes are not essential, at the beginning at least. Every physician has in his own collection odd numbers of journals, duplicates, pamphlets, catalogues, etc., which are, to him, mere rubbish and worse than useless.

If each will contribute his stock of such matter, a judicious librarian will astonish the uninitiated by the amount of literary treasure he will extract from this dross.

We ask, on behalf of the committee, this much from all, as it

is within the ability of all, but, at the same time, we trust that there are many who will aid the committee by substantial donations of books and money.

The committee is only known to us through its chairman, whose name alone, however, is a sufficient guarantee of good faith of the project. W. H.

To Correspondents.

Dr. Jas. D. Whitely, Oakford, Ill., writes to the JOURNAL under date August 2nd, enclosing specimen of diseased liver and omentum removed from a patient, and requesting our opinion as to the character of the morbid growth.

Upon microscopic examination, the organs appear to have sustained fatty transformation. The normal tissues, in the case of the liver, have been converted into fat, and in the omentum the areolar tissue to have become distended with fat; rather an hypertrophy of adipose tissue. W. H.

Proceedings of Societies.

ILLINOIS STATE MEDICAL SOCIETY.

The Annual Meeting of this Society was held in Peoria, commencing on Tuesday morning, May 16th, and continuing until one o'clock P. M. of the Thursday following. It was one of the largest and best meetings that have been held since the organization of the Society in 1850. The following record embraces the most important part of the proceedings:

The Society was called to order at ten o'clock, by the President, Dr. G. W. Albin.

The roll of officers was called and all found to be present, as follows:

President—G. W. Albin, M.D., of Neoga.

First Vice President—John Murphy, M.D., of Peoria.

Second Vice President—J. S. Whitmire, M.D., of Metamora.

Treasurer—J. H. Hollister, M.D., of Chicago.

Permanent Secretary—T. D. Fitch, M.D., of Chicago.

Assistant Secretary—J. P. Johnson, M.D., of Peoria.

Committee of Arrangements—Drs. J. C. Frye, R. Boal, J. O. Hamilton, R. Roskoten, Peoria; S. Maus, Pekin; J. S. Whitmire, Metamora.

Drs. Peck and Baxter, delegates from the Iowa State Medical Society, were introduced by Dr. Plummer, of Rock Island, and were invited to take seats and participate in the business of the meeting as delegates. Dr. Peck responded briefly, and invited the Society to appoint delegates to attend the next annual meeting of the Iowa Society.

On motion of Dr. J O. Hamilton, the annual assessment for each member was fixed at $3.00.

The hearing of reports from standing committees being in order, Dr. H. A. Johnson, of Chicago, chairman of the Committee on Practical Medicine, gave a verbal abstract of a somewhat lengthy and interesting report, the materials for which had been obtained chiefly from the records of the Chicago Board of Health.

At the close of the report a recess was taken for dinner.

AFTERNOON SESSION.

The Society was called to order at two o'clock P.M., President Albin in the chair.

Dr. Boal, in behalf of the Committee of Arrangements, delivered a brief and very appropriate address of welcome; and several additional members presented their credentials and were registered.

The consideration of the report of the Committee on Practical Medicine was resumed, and Dr. G. B. Hawley, of Aurora, inquired if the report contained anything in regard to the condition of certain classes of people in different parts of the city, the actual hygrometric condition of the atmosphere, as well as the amount of rain fall, etc.

Dr. H. A. Johnson stated that the report did contain details in regard to all the matters mentioned by Dr. Hawley, except that of the hygrometric condition of the atmosphere, and he stated some striking facts illustrating the effects of sewerage and pure water in lessening the mortality. He also stated that the south and south-east winds were always followed by an increase in the daily number of deaths in the city.

Dr. Hewett stated that in his locality in Jersey county he had observed an aggravation of disease pretty uniformly in connection with dry south and south-east winds. The subjects embraced in the report were further discussed by Drs. D. W. Young, of Aurora, J. H. Hollister, and N. S. Davis, of Chicago. The latter stated that temperature and moisture certainly exert a great influence in the production of diseases, but in the production of bowel affections, so prevalent, especially among children in the summer, another element acted in conjunction with the heat and moisture. That element was some kind of atmospheric impurity. He had observed that the bowel complaints of children in Chicago invariably commence with the first week of continuous hot weather after the fresh fallen surface water of spring has disappeared, so that the surface soil is simply moist, or in a process of becoming dry. It is then that the processes of organic change and decomposition are most rapid, and the products impregnate the atmosphere to the greatest extent.

Dr. J. C. Corbus, of Mendota, member of the Committee on Practical Medicine, made a supplementary report in relation to the diseases of his locality, which, together with the report of Dr. Johnson, was referred to the Committee of Publication.

The President then announced that the Mayor and City Attorney of Peoria were present, and desired an audience with the Society.

The Mayor introduced Mr. Quinn, the City Attorney, who cordially welcomed the Society to the city.

Dr. H. A. Johnson responded on behalf of the Society.

Dr. Edmund Andrews, of Chicago, chairman of the Committee on Surgery, presented an interesting report on various surgical topics, embracing improvements in the operation for phymosis by Prof. J. S. Sherman, of Chicago; improved instruments for operating for cleft palate, irrigating the urethra, suppressing hemorrhage, using the endoscope, the choice of anæsthetics, the effects of transplantation of skin and cuticle in the healing of chronic ulcers, etc. He related three cases of the latter process by himself, and alluded to one by Prof. E. Powell.

Dr D. Prince, of Jacksonville, stated that he had made several experiments in the transplantation of cuticle to the surface of chronic ulcers. In all of his cases the ulcers were suppurative, and the experiments failed. He had been informed by Dr. Hodgen, of St. Louis, that his trials in ulcers of a similar kind had also failed, but when the transplantation had been to the surface of ulcers that were dry or non-suppurative, it had been followed by a satisfactory degree of success.

Dr. Andrews, in his report, had recommended a row of gas jets ten inches long for illuminating the urethra and other internal parts, and Dr. H. A. Johnson inquired whether the color of the light needed any correction in order to appreciate correctly the color of the illuminated surfaces?

Dr. Andrews replied that the light was sufficiently accurate for practical purposes.

Dr. Johnson added that he had found an ordinary Argand burner with a deep blue chimney to give the color of tissue very perfect. He also stated that recent cases of gonorrhœa could be generally rendered abortive, or speedily cured, by the local application of a solution of permanganate of potassa, 10 grs. to the oz. of water. The application is unirritating and painless.

Dr. D. Prince said that tannic acid, moistened with glycerine and made into the form of a bougie when introduced into the urethra and left to dissolve in the moisture of the mucous membrane, generally rendered recent gonorrhœa abortive.

Dr Kilbourn spoke against the use of ordinary astringents in the treatment of this disease, and recommended the method of irrigation described in the report of the committee.

Dr. T. D. Fitch thought the method of operating for phymosis adopted by Dr. J. S Sherman, as described in the report, was not very different from that recommended by Erichsen, in his work on surgery, and which he had followed in his own practice with entirely satisfactory results. In regard to the use of anæsthetics in surgery, he stated that up to the last two years he had given the preference to chloroform, and had so expressed himself in the anniversary meeting of this Society for 1869. But since that time his personal observations, as well as the accumulated facts in our medical literature, had induced a change in his mind, and he now thought chloroform should be used only in exceptional cases. He still entertained fears that though ether was much less dangerous in its immediate effects, yet its secondary influence on the blood might materially retard or aid in preventing the final recovery of the patient.

Dr. Harriot inquired how Drs. Fitch and Andrews administered chloroform, and was informed that they used it on a napkin over the mouth and nostrils of the patient, holding it in such a position as to allow a reasonable admixture of atmospheric air. He stated that he had used chloroform very often for a number of years without any bad results.

Dr. J. H. Hollister inquired whether any one had known fatal results from the inhalation of chloroform after the preceding inhalation of ether?

Dr. Mosher said that Dr. Frank H. Hamilton, of New York, gave ether to a patient, and failing to produce the desired anæsthesia, followed it by chloroform, which proved speedily fatal.

Dr Traverse had given chloroform frequently in obstetric practice without any dangerous effects, but thought there was more danger from hemorrhage after the delivery; so much so, that he now pretty generally gave a dose of ergot immediately after the completion of the labor.

Dr. White, of Bloomington, also thought that the use of chloroform increased the tendency to excessive flowing after labor. He related a death from the inhalation of chloroform used by mistake, supposing it to be ether.

The *post mortem* showed the blood to be in a fluid condition, and a specimen of it kept in a vial several months presented no coagulation.

Dr. H. A. Johnson alluded to a fatal case of poisoning by hydrate of chloral, recently published in Europe, in which the *post mortem* revealed the presence of chloroform in the blood, and made some comments on the philosophy of anæsthesia.

Dr. Crawford said he had used chloroform as the principal anæsthetic in his practice, using it often, and without any serious results. He thought much of the safety or danger incurred in its use depended on the mode of its administration. The method which he learned while connected with the army was to lay one or two thicknesses of factory cloth over the mouth and nostrils of the patient and then put the chloroform on it drop by drop.

Dr. J. S. Whitmire practiced and recommended the same method, and though he had given the chloroform a great many times, and still adhered to its use, he had met with no bad results. He believed, however, that its use should be limited to really important cases of surgery, and strongly condemned its use for extracting teeth and other trivial operations.

Dr. S. J. Jones and Dr. W. Young coincided with Drs. Crawford and Whitmire in relation to the method of using chloroform. The latter gentleman stated that the reason why so few accidents had resulted from the use of chloroform in obstetrics compared with general surgery was, because in labor it is given to allay pain already present, while in surgery it is given in advance, to prevent suffering anticipated.

Dr. Jenks stated that he had found a mixture of chloroform, tinct. opii., and tinct. aconite, applied locally to the gums, to produce all the anæsthesia necessary to extracting teeth.

On motion, the report of Dr. Andrews on surgery was referred to the Committee of Publication.

The Society then adjourned until 8 o'clock P. M.

EVENING SESSION.

On re-assembling at eight o'clock in the evening, Dr. Albin in the chair, Dr. J. Murphy, of Peoria, made an interesting verbal report concerning the method of treating strictures of the urethra. For all old and indurated strictures he recommended the use of chromic acid, applied directly to the stricture. He introduces a large-sized bougie, with several holes in the end, presses it down upon the stricture and injects through it the solution of chromic acid, repeating the application at first twice a day. When the tissue of the stricture has been softened by the application, a small-sized bougie, with holes in the sides, is used and pressed through the stricture, and acid injected as before. He continues this once a day, with increased size of the instrument, until a No. 8 passes readily. He commences the use of a solution of chromic acid, 40 grs., water, ℥j, but increases the strength gradually to 60 grs to the ounce of water.

Dr. D. Prince, of Jacksonville, member of the Committee on Surgery, made an interesting and lengthy report on the improvements in the departments of plastic and orthopœdic surgery, which was referred to the Committee on Publication.

The Committee on Obstetrics and Diseases of Women, Dr. DeLaskie Miller, of Chicago, chairman, and the Committee on Criminal Abortion, Dr. W. H. Byford, of Chicago, chairman, were called, but no reports were made.

The Committee on Ophthalmology, Dr. H. H. Roman, of Springfield, chairman, was called, but no report from the chairman. Dr. E. L. Holmes, of Chicago, one of the committee, read a short report on cataract, which was referred to the Committee of Publication.

The Society then adjourned until eight o'clock the next morning.

WEDNESDAY MORNING.—SECOND DAY.

The Society was called to order at eight o'clock A.M., Dr. G. W. Albin in the chair.

Dr. Boal, chairman of the Committee of Arrangements, reported that the committee had provided a new meeting place in the basement of the Universalist Church.

Dr. Davis moved that the meeting adjourn to the new rooms selected, but withdrew his motion, as it was desirable to remain in the hall to witness the exhibition of Dr. Truesdale's fracture-bed, after which the Society adjourned to the lecture-room of the Universalist Church. The new place of meeting is much more suitable than Rouse's Hall was. The acoustic qualities of the room are better; it is not so large, and therefore better suited to the use of the 100 or 150 delegates, and the seats and general appointments are much more comfortable. The Society were compelled to change their place of meeting on account of a minstrel performance.

The following names were proposed for permament membership: Drs J. P. Walker and N. Elsbury, of Mason City, Ill., by Drs. D. Prince and E. Andrews; Dr. C. D. Knapp, of San Jose, and Dr. N. B. Cole, of Bloomington, by Drs. R. D. Bradley and J. S. White; and Dr. John Gregory, by Drs. J. W. Hensley and H. Steele.

On suggestion of Dr. Davis, a recess of ten minutes was taken to receive the names of the nominating committee. When the meeting was called to order, the Committee on Nominations reported.

Dr. David Prince, of Jacksonville, then introduced to the Society Drs. Wm. M. McPheeters and Wm. S. Edgar, of St. Louis, and moved that they be allowed the rights and privileges of delegates, which motion was unanimously adopted.

Dr. Johnson, of Peoria, continued the report on ophthalmology, in the case of ocular hyperæsthesia, which was discussed by Drs. Warner, McFarland, Johnson, Littlefield, and Holmes, and on motion, the matter was referred to the Committee of Publication.

The Committee on Phthisis Pulmonalis was called, when it was announced by the President, that the chairman, Dr. Noble, was dead.

The Committee on Otology was called, and the chairman, Dr. S. J. Jones, of Chicago, made his report, which was discussed by Dr. E. L. Holmes.

On motion, the report of the Committee on Otology was accepted, and referred to the Committee of Publication.

The Committee of Investigation reported favorably on a number of names presented as permanent members, and they were declared elected.

The Committee on Nominations made the following partial report:

Dr. J. O. Hamilton, of Jerseyville, President; Dr. T. Worrel, of Bloomington, First Vice-president; Dr. D. W. Young, of Aurora, Second Vice-president; Dr. J. H. Hollister, of Chicago, Treasurer.

On motion, this report was adopted, and the candidates elected unanimously; and on further report of the committee, Rock Island was selected as the next place of meeting.

The Committee on Criminal Insanity being called, Dr. McFarland, the chairman, submitted a verbal report, which was discussed by Drs. McCartney, of Young America, and N. S. Davis, of Chicago.

The Committee on Idiocy was called, and Dr. C. T. Wilbur, of Jacksonville, presented his report, which on motion was adopted, and referred to the Committee of Publication.

On motion, the Society then adjourned.

In the afternoon, an excursion by rail was taken to Prospect Hill. The train stopped at the residence of R. M. Cole, Esq., where three fine photographs were taken of the Society.

In the evening, a reception and banquet was held at Parmely's Hall.

THURSDAY MORNING.—THIRD DAY.

The Society was called to order, at 9 A. M.; President Albin in the chair.

The reading of the minutes was dispensed with, and the regular order of reports of committees proceeded with.

Dr. N. S. Davis, chairman of a special committee, read a report on the internal use of carbolic acid in the treatment of diseases, which was referred to the Committee of Publication.

Dr. D. W. Young, Special Committee on Cholera Infantum, read a lengthy and interesting report on that subject, which was referred to the Committee of Publication.

Dr. T. D. Fitch, Special Committee on Bowel Affections of Children, gave a verbal statement of his report on the nature and treatment of constipation in infants. The statement was accepted, and the author requested to furnish his report to the Committee of Publication. All these reports were listened to with much interest, and would have elicited very profitable discussion had not the hour for final adjournment been so near at hand.

Dr. J. S. Whitmire, Special Committee on the Duty of the Profession towards the State Medical Society, read a report, which was accepted, and referred to the Committee of Publication.

A paper on Criminal Abortion, by Dr. A. Niles, of Quincy, had been received through the Special Committee on that subject. The author not being present to read his paper, it was referred to the Committee of Publication, with instructions to examine the same and publish or not as they thought best.

The annual reports of the Treasurer and of the Publication Committee were presented, accepted, and placed on file.

They showed the financial condition of the Society highly satisfactory and prosperous.

Delegates were then elected to represent the Society in the next annual meeting of the American Medical Association, as follows:

Dr. N. S. Davis, Chicago; Dr. F. B. Haller, Vandalia; Dr. J. P. Johnson, Peoria; Dr. M. W. Walton, Ridott; Dr. J. O. Hamilton, Jerseyville; Dr. D. M. Vosburgh, Earlville; Dr. Geo. J. Monroe, Leland; Dr. D.W.Young, Aurora; Dr. E. P. Cook, Mendota; Dr. J. L. White, Bloomington; Dr. E. Willard, Wilmington; Dr. C. Winney, Sandwich; Dr. John Murphy, Peoria; Dr. D. W. Jones, Danville; Dr. David Prince, Jacksonville; Dr. J. H. Hollister, Chicago; Dr. C. Truesdale, Rock Island; Dr. H. A. Johnson, Chicago; Dr. E. Andrews, Chicago; Dr. D. E. Foote, Belvidere; Dr. T. D. Fitch, Chicago; Dr. S. P. Hawley, Aurora; Dr. N. G. Blalock, Mount Zion; Dr. D. S. Jenks, Plano; Dr. Lucius Clark, Rockford; Dr. W. M. Kaul, Limerick; Dr. E. M. Travers, Amboy; Dr. Geo. W. Wright, Canton; Dr. C. Goodbrake, Clinton; Dr. Andrew McFarland, Jacksonville.

Delegates were also elected to the State Medical Societies of the adjoining States of Iowa, Missouri, and Indiana, as follows: To Missouri, Drs. G. W. Hall, of Carthage; F. B. Haller, of Vandalia; J. O. Hamilton, Jerseyville; and T. J Pitman. To Iowa, Dr. Samuel C. Plummer, of Rock Island; and to Indiana, Dr. Wm. H. Byford, of Chicago.

A number of resolutions were adopted tendering thanks to the Committee of Arrangements, the proprietors of the hall and church in which the meetings were held, to the railroads, to the city authorities and citizens generally of Peoria for the liberal and excellent arrangements made and executed for the accommodation of the Society during the meeting about to close. The thanks of the Society were also tendered to the retiring President, for the able and faithful manner in which he had discharged his official duties.

The President, Dr. G. W. Albin, responded briefly, and the Society adjourned, to meet in Rock Island on the third Tuesday in May, 1872.—Abridged from *Exchange*, (in the absence of the Secretary).

Illinois Institution for the Education of Feeble Minded Children.

This Institution, which was inaugurated in 1865 as an experimental school for the education of feeble minded children, has been so successful in training this unfortunate class that at the last session of the General Assembly it was organized upon an independent basis, and was incorporated as one of the permanent charitable institutions of the State, thus completing the noble circle of public charities of the commonwealth of Illinois.

The design and object of the Institution is to furnish the means of education to children and youth of feeble minds, who are deprived of educational privileges elsewhere, and who are of a proper school-attending age. It is designed for those so deficient in intelligence as to be incapable of being educated at common schools, who are not epileptic, insane or deformed.

The education furnished by the Institution will include, not only the simple elements of instruction usually taught in common schools, where that is practicable, but will embrace a course of training in the more practical matters of every-day life; the cultivation of habits of decency, propriety, self-reliance, and the development and enlargement of a capacity for useful occupation.

The combination which this Institution presents, of practical medical care and proper physical and mental training, with efficient educational resources, will supply, it is hoped, a want which has long been felt and imperatively demanded by this unfortunate class of children and youth of the State.

The improvement and progress of the pupils have been very encouraging, and parents and friends in almost every instance have expressed satisfaction with what has been accomplished in the short time since the school was organized.

The Institution is open to the inspection of the public at all reasonable hours; and all are not only cordially invited, but are earnestly requested to visit the school.

It is a State Institution, and board and tuition are free during the school year of ten months.

It is the desire of the Trustees to ascertain accurately the number of this unfortunate class of persons in the State, and persons knowing the residence of any in Illinois will confer a favor by reporting the same to the undersigned, as it is desirable that reliable statistics may be gathered in order that proper legislation may be made in their behalf.

Those designing to apply for the admission of pupils should do so at once as the accommodations are limited.

Applications for admission, information, etc., should be directed to

DR. C. T. WILBUR, *Superintendent*,
Jacksonville, Illinois.